1961 White House Conference on Aging

Proceedings of

PENNSYLVANIA GOVERNOR'S WHITE HOUSE CONFERENCE ON AGING

Meeting of February 25, 1960

Jewish Community Center, Harrisburg

Document No. 1

GOVERNOR'S WHITE HOUSE CONFERENCE COMMITTEE ON AGING
ROOM 316, HEALTH & WELFARE BUILDING, HARRISBURG, PENNA.

Compiled and Edited

for the

GOVERNOR'S WHITE HOUSE CONFERENCE COMMITTEE ON AGING

by the

STAFF of the OFFICE FOR THE AGING

PENNSYLVANIA DEPARTMENT of PUBLIC WELFARE

Table of Contents

FOREWORD

The White House Conference on Aging will be held in Washington, D.C., January 9-12, 1961. This will be the first of such conferences. National attention will be focused on what many consider as our most pressing social problem -- the challenge of the aging and the aged -- those between the ages of 45 and 64 years, and especially those 65 years of age and over.

Each State was requested to study the needs of and the opportunities for the older populations of its State. Governor Lawrence has appointed a Statewide Committee and designated the Secretary of Public Welfare to conduct such a study and develop a State report for presentation to the President.

There is full awareness that responsibility for and implementation of services for the older person must be assumed primarily at the local level. To secure the facts and make recommendations, County Committees were selected and organized by the County Chairmen who were appointed by the Governor and who then became, in addition to others, members of the Governor's White House Conference Committee on Aging.

The Proceedings are an account of what transpired at the first meeting of this Committee. We trust you will find this informative and helpful.

The success of this meeting was due to the splendid cooperation of many people. Our appreciation and thanks go to the discussion leaders, panelists, recorders, and resource persons; to the Harrisburg Jewish Community Center and its staff for making the facilities available; to the Reverend Mr. Joseph M. Woods, Jr., Executive Secretary, United Churches of Harrisburg for the Invocation; and, finally, our thanks to Mr. Elias S. Cohen, Commissioner, Office for the Aging, and his staff for the planning, development of materials and the coordination of the efforts of many people, which made the meeting a productive and smooth running conference.

INTRODUCTION

The Proceedings of the first meeting of the Governor's White House Conference Committee on Aging on February 25 are a record of the launching of Pennsylvania's activities concerned with the White House Conference on Aging.

This first meeting had the following goals:

1. To explain the purposes, objectives and scope of the White House Conference on Aging and how this could be related to the county studies, conferences and reports, and to the preparation for the state-wide conference in Harrisburg and of the Pennsylvania State Report.

2. To demonstrate -

   A. The kinds of information that might be needed and used in the county activity and some of the sources for securing such information.

   B. One type of conference format and content.

3. To point out the need for creative community planning and for an awareness of the relationship between the various programs of services and the need to integrate and coordinate such services for the older population.

4. To indicate the scope of and the guiding principles for county activity.

5. To explain the function and relationships of the consultant and local staff assigned to the chairman and membership of the county committees on Aging and the function and relationships of the state staff to each of these.

6. To provide an opportunity for questions and comment and for the exchange of ideas and experiences that could be related to county activity on the White House Conference for the Aging.

7. To focus attention on the increase in the numbers of our older population and create a sense of urgency in meeting their needs.

8. To provide a sense of the state-wide interest, participation in, and the importance of the state and county activity in arriving at recommendations based on facts, which could provide suggested solutions for meeting the needs of our older population on the Federal, State and County levels.

We believe that the selected attendance of 221 persons comprising representation from 42 counties, 17 local Health and Welfare Councils, State, professional and voluntary organizations, labor and industry, attest to the achievement of the purposes and objectives of this first meeting.

PROGRAM

GREETINGS - The Hon. Ruth Grigg Horting,
Chairman

Mr. Stanley J. Fioresi,
Regional Representative, White House
Conference on Aging, Regional Office,
United States Department of Health,
Education and Welfare

ADDRESS - The Hon. David L. Lawrence,
Governor,
Commonwealth of Pennsylvania

REMARKS - Hon. Earl Albrecht, M.D.,
Deputy Secretary of Health

Hon J. Eric Jones,
Deputy Secretary of Commerce

Hon. Charles H. Boehm,
Superintendent of Public Instruction

Hon. William Batt,
Secretary of Labor and Industry

Hon. Ruth Grigg Horting,
Secretary of Public Welfare

BUFFET
LUNCHEON

Invocation - Rev. Joseph M. Woods, Jr. Executive Secretary
United Churches of Harrisburg

Address - Warren T. Roudebush
Executive Director
Federal Council on Aging
Washington, D. C.

CONCURRENT WORKSHOPS 1:25 - 3:00 P.M.

Income Maintenance

Housing

Social Services

Free Time

Religion

Health

CONCURRENT SPECIAL MEETINGS 3:00 - 3:50 P.M.

Governor's White House Conference
Committee on Aging

Topic: Local Organization and Activities

State-wide Organization Representatives

Topic: How can State-wide Organizations Assist in the Preparation for the White House Conference on State and Local Levels?

Discussion Leaders and Panelists

Topic: How can We Relate Our Special Areas of Concern to meet the Needs of the Older Individual as a Whole Person?

Plenary Session

Summary of Workshops

Summaries of Special Meetings

Adjournment

ADDRESS BY GOVERNOR DAVID L. LAWRENCE

It is a distinct pleasure to be able to welcome you here this morning to begin our work in Pennsylvania in preparation for the 1961 White House Conference on Aging.

Your presence is significant on two counts. First, this is a magnificent demonstration of the way democracy works--through the direct participation of citizens of every walk of life in every section of the Country.

And secondly, the time is long overdue for the Nation to develop an effective program to maintain the blessings of our free democracy and productive economy for those who have been dealt blows by the passage of time and the process of aging.

You are here today, not because the problems associated with old age are new, but because they have become overwhelming. Individuals and small groups can no longer deal with many of these problems unless additional public help is made available.

Your basic task today, and in the many conferences to come, is to find out more about these matters and to help your fellow-citizens in Pennsylvania and in the Nation to come to grips with them.

I can think of nothing that will offer you greater opportunity for useful public service in the coming year.

It is important that you approach this job with open and flexible minds. I know that you will have some preconceived ideas. I have them, too. But I ask you not to hang on to these ideas grimly, in the face of overwhelming evidence that they need alteration.

As I discuss my own thoughts on the problems associated with aging, you will realize that I do not offer a fixed platform for your ratification. Instead, I am providing some proposals which you are free to accept or reject as a starting point for your own deliberations.

The former Chairman of the Governor's Committee on Aging in Pennsylvania observed recently that in attending the public hearings the Committee conducted in 1957, he discovered that Pennsylvania had as wide a range of programs for the aging as any State in the Nation. However, he pointed out, they still only scratched the surface.

The problems of older people certainly have been a matter of concern for the State Government. In recent years, we have established an Office for the Aging in the Department of Public Welfare and an Advisory Board on Problems of Older Workers in the Department of Labor and Industry. Public assistance programs have sought to meet the income needs of the indigent for more than twenty years. Aged persons with mental health problems have received increasing services from our mental hospitals.

Whether we are doing enough, whether we need new programs, whether our present programs should be expanded, revised or changed, are part of the problem which lies before you.

We must keep in mind, however, that it is not enough to propose a program. We must also search out the money needed to pay for it.

Enough money to live on--income maintenance--is the most critical problem faced by Pennsylvania's older people.

Of more than a million people over 65 in the State, over 600,000 have annual incomes of less than $1,000.

While Social Security benefits are paid to one-half million retirees in this upper age group, the benefits are still typically low. With average payments about $900 per year, we find a large number of persons who have earned a pension forced to appeal for public assistance. Indeed, about 25 per cent of

the old age assistance case load in Pennsylvania is comprised of individuals whose Social Security benefits are insufficient to maintain even a minimum standard of health and comfort.

Although old age assistance grants were increased fourteen months ago, we discover that present grant levels still are not enough. However, without an appropriate tax structure to pay for decent public assistance grants, we cannot go beyond our present minimal levels.

Enough money to live on is a problem for hundreds of thousands of older people. Poverty seems to have been added to the list of diseases of old age.

And now our industrial economy seems to be lowering the age at which poverty begins. The average job seeker over 45 has just about half as good a chance of finding a job as readily as his younger competitor in the labor market.

A letter I had last month from the wife of an unemployed skilled worker in Schuylkill County is typical of many I receive. Here is what this woman writes in part:

"It is all wrong that doctors and scientists should dedicate their lives to the task of increasing life expectancy unless industry can be shamed or induced in some manner to make a place for them.

"It is stupid and cruel," she goes on, "to prolong a life that without a job and the self-respect that is dependent on being needed, has lost all purpose and meaning, and from many has removed the desire to live."

Inadequate Social Security benefits and job-finding difficulties after the age of 45 seem to me to be basic problems. Both lend themselves to Federal action.

First, Social Security benefits need to be moved upward. We can anticipate a substantial reduction in the old age assistance case load if Social Security benefits are significantly increased. A meaningful pension is one which affords dignity, and frees the retired person of the necessity for asking for a relief payment.

With a booming economy and increasing productivity, there is no reason why older Americans must settle for a declining standard of living when the standard of living for most Americans is constantly rising to higher and higher levels.

A second area for Federal action involves the whole field of private pension plans. Since all of us pay for private pension plans--in the sense that they operate under tax concessions--perhaps we have a right to insist that they be adjusted to provide some vested rights to the employe if he leaves his job before retirement. This would prevent tragedies like that of the maintenance machinist from the Philadelphia area who had worked for the same company for 17 years, but who was laid off under the impact of automation; after two years, he lost all his pension rights. Perhaps we need to tie private pension plans into the Social Security system. Perhaps we need a government bond, redeemable only at age 65. I commend these ideas to you for discussion.

A third area for the Federal Government involves giving more help and guidance to unemployed older persons to help them get back into the mainstream of the employment market. Expanded counseling programs through public employment offices is one idea which has proved successful here in Pennsylvania. When we threw in twelve extra counselors for older workers in our Philadelphia Employment Offices in 1958, our job-placement record soared, even in the midst of a recession. Unfortunately, we only had money enough for a short term project. We'd like to continue this service, not only in Philadelphia, but throughout the State; but we need additional Federal grants to do so.

In addition to counseling, we have to do more by way of expanded training and retraining programs for older workers. Here is where something of great value can be done at the local level through imaginative planning on the part of local industries and the local school board. The cost need not be great.

Fourth, we should eliminate the age requirement for payment of disability benefits under the Social Security system.

Failing health, and the problem of paying for medical care at a time when income is reduced is another area in which solutions are required.

Study the records of our public hearings in Pennsylvania, as well as the other published material reporting the views of older persons, and you will be struck by the fact that financing health care comes up again and again as a crucial issue.

I am aware of the fact that there is controversy surrounding this issue, with most of the controversy centered around the method by which we finance the cost of hospital care for older persons. Let me urge you first of all to get at the facts on the need for some improvement in the present system. We need to provide medical care for older persons under conditions they can afford. One way of meeting the need is to build improvements into the Social Security system. Benefits for hospitalization, surgical benefits, and protection against the ravages of catastrophic illness--including benefits for long term care--will meet major needs imposed by the impact of heavy health costs. Such new provisions can be financed by small premium payments made throughout the working life of the individual.

But if you believe that I am wrong; if you believe that better medical care for the aged can be accomplished by an extension of present voluntary programs and other means, I am willing to look at the facts and change my mind. What I do ask is that, in the course of our preparation for the White House Conference on Aging, we deal with this issue fairly, squarely and with open minds.

I ask, too, that we do not limit our concern for the health of older persons to medical care for those who are sick, or to hospitalization and other institutional care. Of the one million over sixty-five, less than five per cent are in institutions. We must find ways to finance not only the institutional health care of the aged, but also to provide the community services and opportunities which keep older people well, and make old age rewarding.

We need to develop methods for getting old persons out of hospitals, as well as for getting them in. This means provision for home care and the development of foster homes. I was most pleased to sign into law during the last Session, legislation authorizing foster home care for people now currently in county institutions. This proposal has great significance because of the partnership it sets up between State public assistance services and county institution districts.

Even further, we need to consider the development of social services that will help support our constantly growing older population. Because ninety-five per cent of the aged are in the communities, and not in institutions, new emphasis must be placed on local services. Our experience in mental health and in the field of child welfare has shown us that small amounts of Federal funds can produce well-trained personnel, clinics, protective services, casework and counseling services, placement services, and so on.

Your workshops on social services will want to consider home medical care programs, housekeeper-homemaker services, and appropriate casework and counseling. These services cost money, whether they come from private or public sources. You will want to consider how much they cost and who should pay for them.

As you study these problems in your local communities, you may decide that the State Government should bear the costs of these expanded services. If so, I hope that you will develop the public support and, as a practical matter, be willing to come to Harrisburg to help explain to the General Assembly the need for the taxes we will need to pay for them.

Older persons in Pennsylvania are concerned about housing. Their problem is somewhat akin to the problem of low income housing for everybody. But there are aspects of this problem which require special study and decision. Certainly, as we rebuild our cities, we need to make sure that we are doing the best we can to provide safe, sanitary, and convenient housing for older persons at a price within their means.

We have hundreds of Golden Age Clubs throughout the State. These reflect a need and desire for meaningful activity on the part of a large number of persons over 65. If we deny persons over 65 the right to work--or even encourage them to leave their jobs after that age--then it seems only sensible that we provide facilities in our communities which will fill this void.

More important, it has been demonstrated that adequate multi-purpose day care centers providing a high level of activity programs have significantly contributed to reducing mental hospital admissions, clinic visits and convalescent care required among the populations which they serve.

Successful retirement is not easily attained. For many the role of religion assumes increasing importance in later years. Organized religion has had an historic role as the refuge and hospice of the aged. Indeed, our very concern for the aged has a religious base in the Biblical commandment "Honour thy father and thy mother." Few institutions in our society can approach the capacity of our organized religious groups to offer service to the older individual. Religious agencies must continue to provide not only institutional services but also a whole host of counseling, health, recreation, housing and other supporting programs to meet the needs of the aged.

As you begin your studies and deliberations, I offer this final suggestion.

It is easy to generalize about older persons, but it is dangerous. Every older person is different. Every old person is, above all, an individual . . . a person with fears, hopes, aspirations, prejudices, and habits. And he is an adult who wants, above all, to be able to take care of himself.

The challenge we face is to enhance the ability of older people everywhere to live independently and with dignity. We must develop new solutions to old problems, new programs for changing needs, and new ways of service to help older persons help themselves.

One commentator on the American scene has said, "The culture treats the aged like the fag end of what was once good material."

If our culture suffers from unhealthy thoughts like these, then we must strive to change a sick attitude.

In returning to your communities you will have a magnificent opportunity to build the groundwork on which a new era for old people will be constructed. I look forward anxiously to receiving your findings and your recommendations for action.

ACTIVITIES IN THE FIELD OF AGING

Department of Commerce - J. Eric Jones, Deputy Secretary

Governor Lawrence, Secretary Horting, Mr. Cohen, ladies and gentlemen.

It's a pleasure for me to have this small part on your program in the absence of Secretary Davlin. You who are from the Williamsport area will be pleased to read in your newspapers of the sizeable fine new industry that is being announced for your area at noon today. Secretary Davlin is speaking at that announcement luncheon representing Governor Lawrence. He sends his greetings and his hope that you will have an interesting and productive meeting.

Of the four major activities of our Department we would best like to serve the older citizens through our Bureau of Travel Development. I am sure that with solutions lacking to many other problems the older citizen cannot be free to travel throughout our state and enjoy the beauties of state parks, the points of historic interest, and the many other travel, vacation, and recreational advantages that we proudly feature in our advertising and mailings.

Through our Bureau of Industrial Development we are continually alert to the ways that we can secure new industries and aid to expand industries now operating within our state. Much of our time is spent in aiding communities that want to help themselves.

Communities that have experienced economic reverses are most alert to what can be accomplished if the right steps are taken in the planning and activitation of an industrial development program.

In three and one-half years the Pennsylvania Industrial Development Authority, staffed by our Department, has loaned $13,125,000 for 111 projects that will create 21,650 new manufacturing jobs all in areas of chronic unemployment. Payrolls in the amount of $74,218,000 annually will result. A good number of these companies have already expanded their original plants. They are solid companies that have passed the review of local banks for first mortgage financing. This program is unique in the Nation and has already been copied by several states. We are proud to be a leader in this field.

It is our experience that the older worker and the younger worker is the greatest sufferer in the areas of chronic unemployment.

Much can be said about company preferences for younger men in many manufacturing operations. With economic growth within an area many positions are created in commercial or service industries that can be well filled by older people. Studies indicate three to five jobs in commerce and/or service industries result from each job in manufacturing.

In addition to the expansion of industry already within the state and the attraction of new industry we are interested in Pennsylvania industry remaining competitively strong so that present jobs will not be lost. Our state's improved tax climate for new industry also aids the retention and expansion of long established firms.

With companies coming in our state at an ever increasing rate, management will be encouraged to plan new plants expansions with resultant new employment opportunities.

Last week, in order to better serve Pennsylvania business, Governor Lawrence announced a new Bureau of Business Services for our Department. It is our hope that as this program developes we will be able to offer aid and advise on the types of business that have been most successfully formed and operated by older people.

Our fourth bureau is the Bureau of Community Development. In this Bureau we have the activities of Urban Redevelopment, Community Planning and Housing. Pennsylvania is one of the few states that has engaged in providing rental housing for moderate-income families and although much of this housing was not planned specifically for elderly families, it does provide a source of good housing at less than prevailing rentals. There are 3,229 dwelling units in this category in various parts of the state.

This Bureau has also called to the attention of housing authorities the need of the elderly low income for housing. It has consistently urged that the local housing authorities provide as much housing for this group of our citizens as their programs will permit.

I am told by the American Society of Planning Officials that there are now nearly 16 million residents of the United States who are 65 years of age or older in comparison with a figure of about 3 million in 1900. Estimates indicate that there will be 20 million in this category by 1970.

These figures indicate the critical nature of the problems facing us in industrial development, urban redevelopment, community planning and housing. Please be assured that we in the Department of Commerce will be doing all in our power to aid in solving some of the problems that you are here to discuss today.

ACTIVITIES IN THE FIELD OF AGING

Department of Health - C. Earl Albrecht M.D., Deputy Secretary

Health is a state of complete physical, mental, and social well being and not merely the absence of disease or infirmity. Aging consists of changes in functional capacity during the passing of time.

Accepting these definitions, you can readily understand why the problems of the aging concern many groups, many agencies. You can understand why all public health activities are concerned with aging.

We are enjoying a greater life expectancy than ever before as a result of the conquering of infectious diseases.

Some 2500 years ago, life expectancy was about 22 years. By 1930 it was 57.4 years, by 1950 it was 68.3, and in 1957 it had reached over 70 years. With the increase in life expectancy the numbers of people in the age group over 65 have increased. In 1860 about 2-1/2 percent of the population of the United States was 65 or more years of age. In 1950 this had increased to over 8%. In Pennsylvania over a million persons were counted in the 1950 census who were 65 or older. This was 8.4% of the total.

With the control of communicable diseases, and with our increased longevity, we are faced with new health problems. We are faced with the chronic diseases, particularly with cardiovascular diseases and with cancer. These are the two leading causes of death in our State, the first accounting for 42% of all deaths.

We believe we can, however, do much to minimize and prevent some of the disability and promote social well-being. The Health Department is working in areas of prevention, early detection, early treatment, and public education. We are supporting research in an effort to determine the processes of aging. If we find the causes we can develop primary preventive measures as we have done in the control of smallpox, diphtheria, and poliomyelitis, for example.

In your deliberations today consider as a guide the six point program which the Health Department is using.

1. Recognize that the older person is an integral part of the community and stimulate a realistic attitude towards aging and the place of the older person in our society.

2. One of the real problems today concerns financing health care for the aged. Perhaps we should place more emphasis on the need for providing services in the home as more efficient and more economical. Existing agencies in the community should be utilized to the fullest extent possible and duplication of effort avoided by coordination and integration of services.

3. We need improved medical and related facilities for older people and we need skilled personnel to man these facilities. These latter must be trained.

4. Wonders can be done in improving the health status (using the broad definition) of older people by promotion of health maintenance programs and by use of restorative and rehabilitative services.

5. We need to know what problems--medical, social, and economic, affect the aging. We are supporting research in this area.

6. The older person must have a purpose in life. It is our duty to provide leadership and to cooperate in community projects to implement this program.

In fact, everything we are doing in the Health Department in some way concerns prevention of premature aging or the difficulties which arise with aging.

The widely-used "arbitrary and accidental" age of sixty-five for "normal" retirement was attacked today as an antiquated Old World concept of the Civil War period. This idea had originated with Prince Otto von Bismarck in the mid 1800's.

At that time the German Empire was pondering the provisions of a proposed pension act and "The Iron Chancellor" fixed the age of sixty-five for the beginning of its proposed benefits.

In the intervening time the medical profession has made enormous contributions toward lengthening the life span and extending the mental and physical capabilities of those in the later years of their lives. The physical and emotional atmosphere of business, industry and the professions today bears little resemblance to such atmosphere in the 19th century.

Our country is faced today with the most serious challenges to its long history of leadership and enlightened humanitarianism. We can not afford to lose the superior experience, mature judgement and advanced skills of our older workers.

Employment for older persons is a primary concern of the Department of Labor and Industry. The problem is being attacked from four approaches: Attacks on outmoded hiring practices which substitute arbitrary age limits for realistic evaluation of the individual's potential; Updating of outmoded skills of workers unemployed through technological or labor market changes; Creation of confidence and job-finding skills among older workers; Rehabilitation of physically handicapped older workers.

No less than six bureaus, commissions and boards within the Department of Labor and Industry are actively and continuously combating the problem of the older worker.

The Bureau of Employment Security pays unemployment compensation during the usually longer jobless periods of older workers in which their family responsibilities run on. It also counsels them, places them in new jobs, and sponsors training programs in cooperation with the Department of Public Instruction.

The Fair Employment Practices Commission enforces laws which forbid discrimination in employment because of age.

The Advisory Board on Problems of Older Workers conducts information and education programs, helps sponsor community programs and sponsors research and demonstration projects.

The Bureau of Vocational Rehabilitation helps handicapped workers to get jobs, processes applications for disability payments under the Social Security Act for workers fifty or over, and will soon begin a program to help rehabilitate individuals for independent living.

The Workmen's Compensation Bureau pays occupational disease benefits to about 5,300 persons over the age of fifty, primarily in the anthracite regions.

The Bureau of Social Security for Public Employees administers Social Security coverage for all State and school employees, the employees of most counties and cities, about half of the employees of boroughs and townships and employees of many public instrumentalities such as authorities and commissions.

Mr. Batt listed the three principal objectives for older workers:

1. An adequate Federal Area Redevelopment Act, since Pennsylvania has many older workers and needy aged in areas of chronic labor surpluses. 2. Changed retirement attitudes and more flexible retirement policies, eliminating the arbitrary age of sixty-five for retirement. 3. Additional Federal funds for counselors and training programs for displaced older workers.

ACTIVITIES IN THE FIELD OF AGING

Department of Public Welfare - (Mrs.) Ruth Grigg Horting, Secretary

I believe that you are all familiar with the major needs of our senior citizens; e.g., sufficient income, adequate health care, satisfactory housing commensurate with their income, opportunity for creative and constructive use of their increased free time, and the social services needed to help many plan for and adjust to their retirement.

The Department of Public Welfare, which was created June 1, 1958 by legislative act, provided for the merger of the former Departments of Welfare and Public Assistance. The Department is concerned with and provides services to more than 1,000,000 Pennsylvanians in a single year, including many older persons.

Services are provided to older persons through the Office of Public Assistance, Office of Mental Health, Office for the Blind, Office of General and Special Hospitals, and the Office for the Aging.

The Office of Public Assistance, in addition to the Old-Age Assistance program, which provides income maintenance for 51,000 persons over 65 years of age, provides for those who are eligible, medical care (including drugs), nursing-home care when needed, and dental care.

The Office of Mental Health furnishes institutional care for the mentally ill. The proportion of persons aged 65 and over is 26% of the total number of patients in the mental hospitals. Many of these older patients cannot leave the mental hospitals because there is no family or community resource to which they can return. To care for these older patients, Geriatric Units have been established which make it possible to remove them from facilities which house patients requiring more intensive care and treatment.

The Office for the Aging, through its Bureau of Standards and Supervision, licenses the proprietary nursing homes and boarding homes caring for adults. It supervises the non-profit homes, and county homes. In all, there are almost 900 facilities housing more than 42,000 persons. Through its staff it inspects each facility one or more times during the year and provides consultation service to the administrators so that standards will be imporved. Where the safety and welfare of residents is endangered, it can and has closed such facilities after notification has been given concerning violations and a reasonable time extended for compliance. It's Bureau of Community Consultation provides services and information to promote and develop programs for older persons in their communities. Such programs include Golden Age Clubs, Friendly Visiting, Homemaker and Housekeeping services, Meals for the Homebound and others.

The Department of Public Welfare will continue to elevate the standards concerned with the health and welfare of the aging population in the Commonwealth of Pennsylvania.

MEETING OF
DISCUSSION LEADERS AND PANELISTS

SUBJECT: HOW CAN WE RELATE OUR SPECIAL AREAS OF CONCERN TO MEET THE NEEDS OF THE OLDER INDIVIDUAL AS A "WHOLE" PERSON?

DISCUSSION LEADER: Elmer J. Tropman, Executive Director
Health and Welfare Association of
Allegheny County
Pittsburgh, Pennsylvania

RECORDER: Peter G. Alapas, Executive Director
Tri-County Welfare Council
Harrisburg, Pennsylvania

Definitions are required by the specialists of what their special areas of concern are.

Planning and integration can only take place when data can be placed into relationships.

Basic Agreements:

1. Aging is a process which begins at birth. Different physical and psycho-social needs are recognized and satisfied as a person matures. Some problems arise when needs cannot be met.

   Different needs are highlighted as various stages of maturity are reached. There should be, in a community, a range of resources and services to meet individual needs.

2. How a person handles his problems can be attributed in many ways to the manner in which he was prepared for life, for living, for responsibility and for maturity.

   This goes back to the family which nurtured him and the attitudes, habits and modes of conduct they inculcated in him; to the community whose environment and resources helped influence his sense of social responsibility; to the church which gives his life a purpose.

3. There is need for community organization at several levels:

   a. To anticipate broadly the needs of the changing community and help in developing appropriate resources to meet the change.

   b. To help existing resource organizations communicate effectively with one another on current practices and on the development and operation of new services.

   c. To assist organizations to reach agreements as to which will take responsibility - on a person, a case, or patient basis to see that a plan of service is carried out.

   d. To interpret planning and services so that the public and the consumers can understand how, under what conditions, and who best can utilize the services available.

4. There is need for an integrated community plan of services for the aging:

   a. To help in determining priorities.

   b. To keep the range of services in balance.

5. There is need in every community for an information center where persons can turn for advice and help on how to obtain services.

MEETING OF
GOVERNOR'S WHITE HOUSE CONFERENCE COMMITTEE
ON AGING
(WHICH INCLUDES COUNTY CHAIRMEN)

SUBJECT: LOCAL ORGANIZATION AND ACTIVITIES

DISCUSSION LEADER: Sidney Markey
Associate Director
Health and Welfare Council
Philadelphia, Pennsylvania

RECORDER: Stephen Angell
Executive Director
Lehigh County Community Council
Allentown, Pennsylvania

Participants included members of the Governor's Committee, staff of Health and Welfare Councils, Consultant and Local staff assigned to counties. The meeting was called to order, by Mr. Markey who called upon Mr. Elias Cohen, Commissioner, Office for the Aging, to comment upon the "Pennsylvania Guide for County Surveys" printed by the Governor's White House Conference Committee on Aging. Mr. Cohen explained that the purpose of this manual was to aid county chairman and their committees to prepare for the 1961 White House Conference on Aging. Each county will be expected to submit a report. The reports of all of the counties will be used to prepare a state report which will be submitted to Washington.

Attention of the participants was specifically directed to the list of organizations (page 9) from which individuals might be drawn to make up the county committee. The importance of the representatives of the county committee was stressed. Committee structure will vary from county to county but in all liklihood committees will tend to be large and there will be need for an executive committee and appointment of subcommittees to carry out specific projects.

County groups must quickly decide the areas in which they wish to work and proceed to gather facts on the basis selected. The Guide makes suggestions as to what facts are pertinent and how they might be obtained. In addition the Guide presents basic factual data starting with the tables on page 17. Guide outlines for various topics appear on the pages following page 35 and encompass the whole final section of the Guide.

Attention of the county representatives was directed to a list prepared by the Office for the Aging showing the chairman for each county, the consultant staff, and the staff associates available in each county. Everyone of these individuals has been contacted and expects to be called upon. The respective responsibilities of staff are listed in the Guide on page 13. These guide lines are flexible and an early decision will have to be reached by county chairman, consultant staff, and local staff on specifically who will give what help and how much.

Finally, it was emphasized that the Guide should be treated as a Guide and whatever liberties are necessary should be taken to adjust it to the needs of individual counties. In discussion the group of county representatives inquired about the specific timetable which must be met. This also is covered in the Guide but the main dates of importance are the following:

May 1 - Target Date - County Wide Conference or Meeting
June 1 - Target Date - County Reports to Governor's Committee
Sept. 13 and 14 - State Conference on the Aging in Harrisburg
Jan. 1961 - White House Conference on the Aging in Washington, D.C.

The committment of individuals participating may be considered to last at least until after the White House Conference has been held. It was suggested that local county conferences be held about May 1, 1960.

Some counties may wish to hold their conference after the report has been prepared. Question was raised as to whether several counties could combine on a conference and it was agreed that local wishes would seem to be the most appropriate guide on the matter. The availability of Pennsylvania Guides for local use was inquired into and it is anticipated that there will be sufficient Guides for all county committee members, provided county committees are not too large. How large a county committee should be will vary from county to county.

State wide sub-committees have been formed to help give direction on exploration of various topical areas (e.g. income maintenance, employment, health needs, housing needs, etc.) These sub-committees will (1) define areas for the state wide conference report, (2) plan for the state wide conference, (3) review appropriate facts of county reports as they come in. Any members of state wide committees in local areas should automatically be considered members of local county committees.

Financing of local efforts was discussed. The state has only limited funds for use in preparation for this conference. A large percentage of these funds have been committed at the state level to hire staff which will aid with the various preparations which must take place prior to the conference. Mr. Cohen stated that some limited funds might be available to aid local counties to obtain speakers for the county conferences but this would be in only a very few instances. Local groups should seek sources of support within their own county. It is not anticipated expenses should be excessive. A local community health and welfare council, a private agency, a Board of Public Assistance office, a civic or service club, any or all of these might be sources of assistance in getting the job done. County commissioners were also mentioned as a possible resource to be explored for funds. This, however, will have to be done at the local level. There is no basis upon which the state departments can make such a request to local governmental units. Local staff and consultant staff should be helpful in aiding a county chairman to find resources for mailing meeting notices, typing reports, etc. Inquiry about distribution of a state printed letterhead for local use was discussed. It was indicated that this may be provided. County chairman will be notified concerning this at a later date.

It was pointed out that many avenues have been opened at the state level which should help local county committees to function more effectively. Through staff services at the state level continued effort will be made to see that all possible help is rendered to local county groups.

MEETING OF
STATE ORGANIZATION REPRESENTATIVES
(AND OTHER REPRESENTATIVES)

SUBJECT: ROLE AND FUNCTION OF STATE ORGANIZATIONS

DISCUSSION LEADER: Mrs. William J. Heydrick
Greater Philadelphia Council of Churches
Philadelphia, Pennsylvania

RECORDER: Eleanor M. Peterson
Pennsylvania Council of Churches
Department of United Church Women
Harrisburg, Pennsylvania

I. REPRESENTATION included the following organizations:

Penna. Dietetic Association
Penna. Citizens Association
NAACP
Business and Professional Women
American Cancer Society
League for Nursing
Hospital Association
Convalescent Homes
Penna. Heart Association
Soroptimists
Penna. Federation of Women's Clubs
Penna. Nursing Association
Department of Health
County Home Superintendents Association
AAUW
Penna Council of Churches and United Church Women
Penna. Medical Society
Penna. Medical Society, Woman's Auxiliary
Farmers Coop.
Society of Architects
CIO
Salvation Army

II. LISTING OF FUNCTIONS STATE ORGANIZATIONS MIGHT DO:

** 1. Act as consultants to local county committees.
2. As affiliates to county committees.
3. Help in developing programs for the state.
** 4. Use organization publications to tell story, get facts to public (editors request "aids" to tell this particular story)
5. Help in attendance at the state-wide conference.
** 6. Sustain interest across months and give leadership in follow-up of national conference.
7. Coordination of information and scientific data.
8. Establishment within their own organization of ad hoc Committee on White House Conference on Aging.

III. SERVICES OFFERED BY SEVERAL STATE WIDE AGENCIES:

1. Dietetic Association offered to serve as resource volunteer to assist in homemaker service.
2. Architects - housing "not a problem" but more opportunity for free time activities -- additional facilities.
3. Cancer society - Home care program includes loan closet -- beds, drugs, dressings, etc.
4. AFL CIO -- Pre-retirement, post retirement activity centers through Community Services Committee chairmen and committees. Local unions can help county committees.
5. Soroptimists obtaining information for handbook on state organizations' programs for the aging.
6. County home superintendents offered to be consultants to local committees. Relation between county institutions/hospitals could be improved.

IV. Several persons deplored the emphasis on "youth" -- "prevent old age at any cost"...think young... public education with emphasis on young "stay young"...even by MDs.

Someone suggested a new purpose: "Mature with dignity, with opportunity for participation in the community."

V. SOME CONCLUSIONS:

1. Feel need for sense of direction from where help will come and to what will it lead. i.e., regional meetings, telephone, county chairmen, a plan?

2. That each county chairman receive a list of cooperating state wide organizations to whom they may go for assistance and counsel.
3. Functions of state wide organizations most important in listing (Section II) are marked with **.

MEETING ON
SOCIAL SERVICES

DISCUSSION LEADER: Mr. Hobart Jackson, Executive Director
Stephen Smith Home
Philadelphia, Pennsylvania

RECORDER: Mrs. Albert Coons, Jr.
American Association of University Women
Harrisburg, Pennsylvania

1. Miss Mary Ellen Hoffman Director, Casework Family and Children Services Pittsburgh	Adjustment and Protective Services for the Aged. Individual and Family Counselling, Guardianships, etc.
2. Mrs. Ruth G. Cohen, Supervisor Services for Older Persons Jewish Family Services Philadelphia	Special Social Services designed to help older persons remain in community, e.g., Foster Care, home- makers, meals-on-wheels.
3. Rev. William P. Bridy, Director, Catholic Charities Harrisburg	Cultural and religious considerations in the understanding of and provision for Social Service needs of Older Persons.
4. Miss Harriet Bury, Consultant Division of Aging, Health and Welfare Council, Philadelphia	Community Assessment and planning for needs, Central referral, volunteer bureau and services; financing.

RESOURCE PEOPLE

Mr. Frederick Downs, Jr. - Executive Director of Welfare Council, Lackawanna County.

Mr. Chauncey Gunderman, Acting Director, Bureau of Assistance Services, Office of Public Assistance, Pennsylvania Department of Public Welfare.

Mr. William Miller, Psychiatric Social Work Coordinator, Office of Mental Health, Pennsylvania Department of Public Welfare.

Mrs. Katherine W. Berg, Supervisor, Division of Mental Care, Office of Public Assistance, Pennsylvania Department of Public Welfare.

Introduction--Mr. Jackson

Focal Areas
1. The gathering of information and facts about communities in sixty-seven counties.
2. The determination of need, met and unmet.
3. How and who should provide what is needed.
4. Recommendations for coordination of resources and needs.

The speakers.

1. Miss Mary Ellen Hoffman

Miss Hoffman started by saying that she presumed the group recognized the value of counseling for older people.

Older people need counseling more than younger people because they have fewer natural resources. When older persons come for counseling they usually do so because they face some change. A crisis has been reached, to which they often respond with either impulsive action or withdrawal. They need the aid of someone who is not involved.

Counseling is the thread which links together the social services. The counselor needs to know the services and the older person. Older people need help in getting used to the idea of change, and to making choices. The counselor helps "old people carry through, but should stay with the person."

Aggressiveness is needed in offering services. Older people are often either unaware of services available to them, or reluctant to ask for help.

While counseling is helpful to many older people, three groups need protective care; the mentally ill, older people who are not committable, but are dangerous to themselves or others because of deterioration, and those who need guardianship.

2. Mrs. Ruth G. Cohen

By offering many kinds of services we can keep people out of institutions. Furthermore, a choice should be given to older people in counseling.

What choice of services exist or should exist in a community?

The services are:

1. Homemaker Service is the number one need throughout the country.
   It is geared to help people stay in the home, but needs time, money, and professional guidance.
   In Philadelphia, Homemaker Service is used in acute situations.
2. Foster Home Care
   This is a private residence program, giving privacy, participation, and security to those who cannot stay in their own homes, and cannot adjust to group living.
   It is expensive, time consuming, and difficult to administer. In Philadelphia two out of eighty-five applicants were accepted.
3. Volunteer Services
   With professional supervision, volunteers can be useful, especially to the home-bound.

3. Rev. William P. Bridy

Subject--Culture and Religion

Culture is a product of education, training and discipline. Respect for age comes with age. In America we have culture based on the cult of youth. Our pragmatic philosophy is responsible for casting off what is not useful or what is conceived of as not being useful.

It is essential that we make available our arts and other aspects of American culture to our older persons. They have the time to enjoy music, art, theater, etc. We can also enhance their lives by taking them to visit historic places.

Help should be offered to the older person only when asked. The family unit is still very strong and often able to solve its own problems. Furthermore, the older person often resents outside intervention.

The great need is for the older person to remain in his own home and community.

Pope John is a shining example of what an older person can do. In looking at older people we must search for their best character traits with "optimism", and we will find "they are not as useless as we think they are."

4. Miss Harriet Bury

Subject--Community Assessment and Planning for Needs

The same gaps exist in social services for the aged in rural communities and the cities, in large places and small places. In any area we need a clear plan, and need to look at total services. Too much has been haphazard and sporadic.

The needs of older people are not much different from the needs of other groups.

To coordinate services and fill in gaps we need to look at existing services. Use Welfare Councils where they exist, and if they cannot do the job look into strengthening them.

Broad groups should be included when organizing.

Standards have been set which should be used to assess existing services. They are available from several sources.

In order to act, establish priorities, establish a clearing house for the centralization of requests, and involve volunteers under professional guidance.

A special plea was made to involve younger people in planning for older people.

Discussion--The following is organized by theme rather than in the order of actual discussion. The speaker is identified where possible.

1. Culture

It is necessary to inculcate the feeling of the place of the older person in our culture through schools and churches. We must think fundamentally about our culture. The older person has much to give.

2. Counseling

Mr. Miller-"It is necessary to reach out to the older person in order to keep him independent. He often does not know what services are available to him. The changes in older people's lives are often due to factors beyond their control. If counseling took place at the proper time it would often be possible to prevent hospitalization.

Father Bridy-"It is often necessary to distinguish between the handicapped aged and those who are comfortably off in their own homes."

3. Services

Mr. Lowenstein-"If Homemaker Service is important how can we stimulate the financing of it?"

Mr. Downs-"It could come through Public Assistance, on the grounds that it will eventually save money."

Other answers-Foundation money might be available for demonstration projects. Do people really know what home care is? Involve a wide number of volunteers in order to gain acceptance of the need. The whole concept is unknown, except to a few elite.

Mr. Gunderman-The state is interested in the plan, but has no money.

Comments on Local Planning

County White House Conference Committees are excellent opportunities to get started. They can cooperate with the local Councils on Children and Youth to work toward a structure. Councils can be a focal point to bring about joint effort.

The Pennsylvania Citizens Association has already been asked by three counties how to develop the White House Conference Committees into a permanent structure.

Financial responsibilities should be to some degree in public agencies, but since they have little money, the responsibility must be met by private and religious organizations, through pilot projects, and the cooperative efforts of public and private organizations.

The recorder was instructed to record that "committees explore the subject of satisfactory salary levels in public and private organizations and agencies. The salary should be adequate to attract trained and experienced personnel."

The question was asked as to whether our thinking was broad enough, or imaginative enough. Large problems need new concepts and ideas, in order to achieve solutions.

MEETING ON
HEALTH NEEDS AND SERVICES

DISCUSSION LEADER: Elkin Ravetz, M.D.
Medical Director and President
Rest Haven, Philadelphia

RECORDER: Miss Wilda Camery
Allegheny County Health Department
Pittsburgh, Pennsylvania

1. Joseph T. Freeman, M.D. President-elect Gerontological Society, Inc.	Resume and Financing of Health Needs
2. J. Stanley Smith, M.D., Chairman Geriatrics Commission, Medical Society of Pennsylvania	Provision of Health Care Private Physicians, Clinics, Hospitals and Personnel
3. John E. Davis, Jr., M.D. Commissioner, Office of Mental Health, Pennsylvania Department of Public Welfare	Mental Health Needs and Services
4. Miss Olga Kotalik, R.N. Supervisor of Community Nursing Service, Delaware County	Community Medical and Nursing Services
5. Alfred C. Kraft, M.D. Assistant to Director John J. Kane Hospital, Pittsburgh	Institutional Needs, Rehabilitation and Restorative Services

RESOURCE PEOPLE

Mr. E. A. Van Steenwyk, Executive Vice President, Blue Cross, Philadelphia.

William Kraus, M.D., Division of Chronic Disease, Pennsylvania Department of Health.

Miss Anne Goodman, Director, Bureau of Standards & Supervision, Department of Public Welfare.

Mr. Ira J. Mills, Commissioner, Office of General, Special Hospitals, Department of Public Welfare.

Mr. Norman M. Yoder, Commissioner, Office for the Blind, Department of Public Welfare.

Marjorie Hosfeld, M.D., Division of Medical Care, Office of Public Assistance, Department of Public Welfare.

Miss Dorothy Waller, Division of Nutrition, Pennsylvania Department of Health.

DR. ELKIN RAVETZ, focused the attention of the persons attending by commenting on the need for a co-ordinated and integrated program on aging. In introducing the Panel members, he said he had decided to reverse the order in which they appear on the program.

I. DR. ALFRED C. KRAFT, Assistant Director, John J. Lane Hospital:

"Institutional Needs, Rehabilitation and Restorative Services"

On the basis of his experience with the many patients served by the John J. Kane Hospital, Dr. Kraft believes the aging and aged patient with disabling disease often reaches a critical status because of lack of adequate medical care, complicated by various combinations of such factors as lack of adequate income, poor housing and poor nutrition.

The use of a complete diagnostic survey for all persons admitted to Kane Hospital has further persuaded Dr. Kraft that much disabling illness could be prevented if adequate clinical resources were available to these patients. He commented that many persons present are familiar with the problems encountered in obtaining a complete diagnostic survey; one of the reasons being that often a patient is suspicious of the physician who does a total examination if he has presented only a single specific complaint. In other instances, the problem is the lack of resources for the battery of tests essential for a complete diagnostic survey.

In some communities health agencies are making an effort to supply such tests through multiphasic screening procedures. Fortunately a hospital like Kane presents an ideal situation for giving a complete battery of tests to all admissions. Dr. Kraft spoke specifically of tests for venereal disease, diabetes, tuberculosis, glaucoma and arthritis. He stressed the desirability of doing such screening tests before the individual is so handicapped that his only resource is a long term hospitalization.

A detailed diagnostic study of approximately 1,700 patients recently revealed the existence of 82 major negative findings almost all previously unknown and indicating a specific form of care. Fifty per cent of these findings were for previously undetected cancer. Such tests as these cannot easily or competently be carried out on a mass basis. Moreover, in Allegheny County, 25% of the population over 65 years of age have physical defects that when found can be treated only by highly specialized medical procedures, many of which can be carried out only through hospitalization over long periods of time. Because of the great number of these people, available resources for giving them the care they must have to prevent total disability is strained to the maximum. For the indigent they are often non-existent.

It was Dr. Kraft's conclusion that we need diagnostic clinics offering batteries of tests focused on early detection of disease and prevention of chronic disability.

Dr. Kraft's second major point had to do with the large number of elderly persons needing physical rehabilitation and restorative services to lessen the disabling condition resulting from the acute manifestations of a disease which may have become chronic. Many of these patients start with a progressive type of disease which gradually causes such incapacity that they can only be treated on an in-patient basis. By that time the disease may have passed through the acute stage, and may in fact be held static by simple medical procedures, but the resulting disability is so incapacitating that very critical and difficult procedures are required to lessen it.

A third major point made by Dr. Kraft was that what constitutes the goal of rehabilitation is specific to the individual patient depending on the degree of his disability and many associated factors. For one, rehabilitation through restorative medical services may mean restoring enough function so that he may dress and feed himself with assistance. For another, it may mean restoration to the extent that the patient will become self-supporting once more. "Kane Hospital can demonstrate that at least one half of the totally disabled new admissions have some potential for rehabilitation and three-fourths of these can be helped to a significant level of independent functioning with a considerable number being returned to comfortable private life."

In summary, early detection of disease, treatment to prevent disability, and restoration of function should be the objectives of medical care for the aged and aging.

II. MISS OLGA KOTALIK, R.N.

"Community Medical and Nursing Services"

"Nursing care, in the eyes of the Public Health Nurse is a part of total patient care. Total patient care involves health promotion, care and prevention of disease or disability, rehabilitation, teaching, counseling and emotional support. In order to fulfill the needs of total patient care, medical, educational and welfare services must have an integral part in planning and administering nursing care.

"We have been accustomed to looking to the youth of our nation for beauty, stamina, protection and support. As a result our attitudes toward this group are healthy. Now faced with an increased number of aged - we must work toward equally healthy attitudes toward the elderly.

"Nursing services given in the home by a public health nurse vary as each patient varies. Demands upon the nurse change with the home situation. We see the elderly person who is sick at home alone, with a married partner, or other relative, (or relatives). The family may be vitally interested in the patient's welfare or there may be such dearth of interest that the patient is virtually alone though surrounded by family members. In such a situation, it sometimes falls on the nurse to try to show the family the need to accept the individual as part of the family group, as a person with feelings, needs, fears, wishes, problems, like those of younger family members, and with a need to share the problems and joys that are a part of family life.

"In giving care to an elderly patient, the nurse must be cognizant of all the many factors that influence the rehabilitation, or the custodial care of the patient. These include finances, housing, nutrition, motivation of the patient and his family, the mores of the particular ethnic group, religion, attitudes and mental outlook. Medical diagnosis and orders from the attending physician give the nurse the first clues about what she may find on her initial visit. Is it an acute illness or a chronic disease? Is he under medical care - private or clinic? At home or at the physician's office?

"The part time nursing care the patient receives is based upon his needs and vary from daily visits during acute illness to two or three times weekly, once weekly or once monthly. If physical therapy seems indicated, the nurse may confer with the physical therapist who will make an evaluation visit. The physician will then be called to ascertain whether or not he wishes physical therapy to be given and to obtain his specific orders. A practical nurse may assist the registered nurse by visiting those patients without complicated nursing or family problems. Occupational therapist or speech therapist may sometimes be indicated.

"Other community services may be necessary. If there is a family problem, the family will be referred to family case work. Referral for public assistance may be in order if the financial situation is poor.

"Many of our patients however, are not acutely ill, but are disabled to some extent by a chronic disease. These patients want to stay in their own homes as long as they can. For the patient who lives alone, we very often see a need for Housekeeping service on a periodic basis for cleaning and shopping. A need for socialization may be met by a Friendly Visitor program. The birth of Golden Age Clubs in various communities has been a marvelous innovation which afford many older persons a peer group with whom they can regularly meet.

"In giving part time nursing to the aged, the nurse must be aware that the patient's past experience plays an important part in his present situation. She must also realize that some health teaching will fall upon deaf ears. Mrs. Gem knows very well she should be eating better than she is, take more interest in her surroundings, and go to church when she is able, but if she is depressed over her situation, it takes patience, understanding, tender loving care, and firmness to help her help herself, and patience to help her adjust to her situation or try to improve it.

Miss Kotalik completed her talk by reviewing a typical case history.

Before introducing the third speaker, Dr. Ravetz commented on Miss Kotalik's presentation, highlighting what he considered a highly significant point, i.e., that if home nursing care were available in adequate amounts, it would make it possible for many older patients to remain at home and avoid institutilization.

III. DR. JOHN E. DAVIS, JR.

"Mental Health Needs and Services"

Dr. Davis introduced his remarks by saying that Dr. Kraft and Miss Kotalik had presented a picture of services which if available generally and in enough volume would meet many of the needs of which he is

aware. He continued by saying that during the past 20 years we have experienced tremendous changes in the nature of the psychotic patient with a gradual increase in the numbers over 60 years of age. This is one of the reasons why psychiatric hospitals of the Commonwealth are overcrowded. Efforts to meet the problems created by this overcrowding have resulted in great variations in admission policies from institution to institution. They vary from policies reflecting the point of view of a recently retired hospital superintendent who felt that the proper place for most aging persons was in a mental hospital, to the approach of those who believe that hospitalization of the aged patient should be the last resort.

The long waiting lists which traditional methods of admission to mental hospitals created, plus the fact that spot surveys of the status of the persons on these lists, revealed that over half of them no longer needed hospitalization by the time a bed was available, led to the establishment about three years ago, of a Reception Center in Philadelphia. There, teams of psychiatrists, sociologists, social workers and internists examine the findings resulting from diagnostic surveys of all candidates for hospital admission who are 65 years of age and over. The services these elderly patients need vary greatly. Often their needs can be met without hospitalization.

It has often been said that when an elderly patient is admitted to a mental hospital his family moves away from him to such an extent that when hospitalization has resulted in enough restoration to permit him to return home, the family is no longer receptive to him. When the evaluative team at the Philadelphia Reception Center decides that an aged patient should be hospitalized, this decision follows a review of the total needs of the patient plus an effort to see if service from community services can be made available in such a way as to keep the patient in his home. If his home is not suitable for his care, the possibility of foster home care is explored. If he is hospitalized community services are utilized to insure that his family, or a foster family, will be ready to receive him on his discharge.

A second such center will soon be opened up in Pittsburgh in the former Tuberculosis League Hospital and will be known as the Pittsburgh Geriatric Reception Center.

IV. DR. J. STANLEY SMITH

"Provision of Health Care by Private Physician, Clinics, Hospitals and Personnel"

Dr. Smith opened his remarks by saying that most often the private practitioner of medicine sees the aging person first when he comes to his office. It then becomes the physician's responsibility to see that the patient gets not only adequate medical care, but as far as possible, necessary psychiatric evaluations, home nursing care, social service, rehabilitative services, etc.

In Dr. Smith's experience, most elderly patients fall into one of three categories.

1. The patient who is financially responsible and self-sufficient within himself and within his family. These patients however, are often the most difficult for the private physician to treat adequately for they come to the office of the private physician asking assurance that they are well and resentful of a suggestion that they are in need of hospitalization for any purpose.

2. The second group of patients are those on social security or a limited private income. They are not able to pay what they know to be the going rate for medical care, but they come to the doctor's office, they say they have a specific complaint but add that they feel they can't pay. These people are easier to care for than the first group because they can be persuaded to go to a hospital or clinic for study.

3. The third group are those on Public Assistance. They are the most prolific users of medical care; in fact, it's often hard to get them out of the doctor's office. They seem to be saying; "It's free and I want it." These people spend days going the rounds of hospital clinics; clinics made possible by the free services of many of the physicians on the staffs of the hospitals.

Dr. Smith continued by saying that in his opinion it is the responsibility of the private practitioner to readjust his sights as far as medical care of the aging is concerned. There is no illness of the aging

person that is not also an illness of younger persons. But, handling the geriatric patient takes skills which many physicians have not developed. Today many schools of medicine are beginning to teach geriatric medicine more effectively. The physician must recognize his responsibility for teaching the patient that maintaining his health through the middle years of life, and into old age is insured by obtaining periodic medical care; the dividing line between middle age and old age cannot be stated in terms of chronological age. We must teach our patients to observe the early warning signals of illness which mean they seek medical examinations that will make possible early treatment.

V. DR. JOSEPH T. FREEMAN

"Resume of and Financing Health Needs"

Dr. Freeman introduced his remarks by saying that this panel has not and will not bring out any facts or information new or unknown to the group. In his opinion we need, however, to recognize our general tendency to fail to see that aged and aging is really a simple, common problem. It seems to him that the health needs of the aging and aged can best be looked at under a four category breakdown:

1. Individual personal health problems caused by the kinds of illnesses that anyone might have, i.e., cardiac defects, cancer, diabetes, Paget's disease, etc. These illnesses can be handled for any individual patient by any individual physician.

2. Community health problems: This is the area of hazards to health from infectious diseases such as tuberculosis with its known increase in those over 65 years of age, venereal disease, now known to be treated effectively with chemotherapy as far as the acute infectious stage is concerned but still with much unknown about the latent long-term effect of such treatment on the patient.

3. Health needs requiring use of community resources: In this group are the aging who are blind, who are senile, who are too feeble to care for their own physical needs, or who have some other kind of physical handicap which means that adequate medical care must include the use of various related community services.

4. Problems caused by the impact of environment and occupation on health such as nutritional difficulties, radiation, etc.

To decide whether a community can care adequately for health problems in all four categories, it needs to ask, "What are our medical facilities; our public health facilities? Do we have adequate public and private resources to adequately handle ill health in all four categories? In most cases the answer is No. We are well aware that we need more trained personnel to give people the kind of medical care we know how to give, and the big question is how to finance it. Maybe through government? Dr. Smith said he does not believe that the answer is in legislation based on the principles on which the Forand Bill is based. Government should not take over total financial responsibility for all who by chance survive to old age.

The Pennsylvania State Medical Society is aware however, that the problem of financing medical care for the aged and aging is a real one, and has attempted to work out a plan for ulilizing the techniques of social security in such a way as to make it possible for the individual to pre-pay the cost of his potential medical care after age 65, by electing to increase his social security payments through his productive earning years. We cannot continue to talk in terms of traditional medical practice, for we are today dealing with new problems, new medical technology and we must develop new methods to meet the needs of today's aged and aging.

Noting that Dr. Edward L. Bortz, President-elect of the American Geriatrics Society was in the audience, Dr. Ravetz introduced him and invited him to comment. He responded by saying that he was happy to have an opportunity to comment for he was feeling much concerned by the gloomy, despairing approach of much that he had heard today. In reality, only 5% of any population of any community fall into the category of the incompetent and inadequate, who are living at the pre-cemetery level. The majority of the

population over 65 years of age are healthy persons who would have made adequate financial provision for their old age except for this era of inflation with its resulting cruel depreciation of the dollar saved in the middle years worth now only 65 cents. We have enough scientific and medical knowledge about health care today so that if it were made known to the people through appropriate and effective educational means, changes in ways of living could be effected that would so preserve health as to effect tremendous changes in the health problems of the aging. We need to stress more the intangible strengths which living brings to man and to recognize that the power and strength of old age stems from the spirit of man rather than to concentrate wholly on the degradation which sometimes results from the physical deterioration of man.

DISCUSSION PERIOD: Lack of time prevented adequate discussion of these very provocative papers. Those questions that were voiced centered around the theme introduced by the first question: "What can we do about helping to educate individuals over 65 years of age use the resources that are available for maintenance of health?"

MEETING ON
HOUSING FOR OLDER PERSONS

DISCUSSION LEADER: Arthur Waldman, Executive Director
Home for Jewish Aged
Philadelphia, Pennsylvania

RECORDER: Joseph H. Britton, Ph.D.
Pennsylvania State University
University Park, Pennsylvania

1. Oskar Stonorov Architect, Philadelphia	Planning and Design, Role of Private Builder.
2. Prof. Walter K. Vivrett Special Assistant to Administrator Housing Home Finance Agency	Federal Programs for Housing Older Persons.
3. Alfred L. Tronzo - Director Housing Authority, Pittsburgh	Low Rent Housing for Older Persons.
4. Bernard E. Loshbough Executive Director Action Housing, Pittsburgh	Determining Needs. Redevelopment and Relocation.

RESOURCE PEOPLE

Mr. William A. Good, Chief, Housing Redevelopment, Pennsylvania Department of Commerce

Mr. Dan D. Gowings, Director, Division of Environmental Safety - Pennsylvania Department of Health

The chairman introduced the panel members. The remarks of these persons are summarized here, together with some of the discussion of the group. Approximately 25 persons attended the session.

Walter K. Vivrett, presented a summary of the types of housing for older persons in the United States as a whole. The great majority are living in independent housing units, and there is evidence that independence and separateness of living arrangements is definitely preferred.

Major efforts in housing have been for younger families, he said, and much of the newer housing, measured in terms of what the elderly can afford, is not available to them.

Although relatively few older persons are living in group housing, institutional homes for older persons have increased greatly over the last few years.

Mr. Vivrett summarized legislative programs for providing special housing for the elderly, including mortgage insurance and contract contributions for individual and institutional units. These programs, he said, provided a floor in the financial market and declared the housing needs of the elderly a concern of public policy. They encouraged many organizations to proceed in planning new accommodations.

Mr. Vivrett concluded by stating that "there is a need...to strengthen our residential communities --to encourage the renewal of existing communities and the development of new ones in such a way that they will have a balanced population of age groups, of family sizes, and of housing types."

Alfred L. Tronzo, directed his remarks primarily to low-cost housing for the elderly. He emphasized the need in this field, indicating that three-fifths of older persons in Pennsylvania have incomes of

less than $2,000. He said that at present there are 30,000 low-rent units in Pennsylvania, 4,500 of which are occupied by elderly persons. About one-third of the older occupants are single. Currently "several thousand" units are being constructed in Pennsylvania.

Mr. Tronzo said efforts need to be made to make houses into homes and so assist in helping older persons relieve their feelings of boredom and of purposelessness. He said, "We need all sorts of help for the aging in low-rent communities--help to solve problems of places to meet, the lack of recreational supplies and equipment, and professional personnel. The aged need our efforts to provide meaningful activities for them, and we should accept these problems as our moral concern."

Bernard E. Loshbough, Executive Director of Action Housing in Pittsburgh, spoke in particular about the needs for the aging in connection with projects of urban renewal. He referred to findings of surveys concerning the basic needs of persons in areas of urban redevelopment in Pittsburgh; data were gathered, he said, relative to income, medical care, family resources, etc. He spoke of the role business groups could play in meeting the needs, indicating that church, fraternal groups, and trade unions have led the way. He said that cooperative arrangements for housing would help to lower rent costs. Under legislative assistance, Mr. Loshbough concluded, "housing is the easiest of basic needs to be met."

Oskar Stonorov, practicing architect of Philadelphia, said "the aged present not simply a housing problem, but a political and philosophical problem." Housing is only one of the crises they present. Public housing programs are primarily for transient populations, he said, for when occupants gain financial status they are required to move. Hence, old people are the only stable population in such projects.

Mr. Stonorov referred to a study he had made of retired automobile workers in Detroit, drawing parallels with Pennsylvania workers. "The housing situation is fairly hopeless," he said. "What is needed is to discourage demoralization by aiding older persons to participate in the community. There is too much segmentation of active interests on behalf of the aged."

In terms of urban redevelopment, Mr. Stonorov said that older persons could not be attracted by the rents in downtown areas, yet these projects would be good for keeping older persons in the mainstream of life. "The states should provide extra service funds which would make better housing possible for them," he concluded.

Mr. Waldman also introduced the two resource people of the group: William A. Good, Chief, and Mr. Ted Densham.

The group discussion pertained to several issues raised by the speakers. Some direct questions were asked of Mr. Vivrett concerning the direct loan program passed by the Congress, for which funds have not been appropriated, he said. Other questions pertained to the use of old hotels for older persons, with some comment about their usefulness or lack of value for such purposes. Additional remarks pertained to the costs of new construction in relation to costs of converting older buildings, and it was indicated that reliable information and trustworthy contractors need to be found for such reconstruction projects. Effort needs to be directed, it was stated, to encourage all persons to maintain their dwellings, for the obsolescence rate of houses is "fantastic." There was some discussion, too, of the urgency of housing problems for older persons, and one participant concluded by saying "We should do something before the aged die!"

MEETING ON
INCOME MAINTENANCE

DISCUSSION LEADER: Edward Haas, Chairman, C.I.O.
Community Services Committee

RECORDER: Mr. Chester L. Bower
Pennsylvania Citizens Association
Representative for Western Pennsylvania

1. Prof. Roy B. Hackman Department of Psychology Temple University, Philadelphia	Job Counselling, Training
2. Mrs. Mildred F. Woodbury, Ph.D. Philadelphia, Chairman Advisory Committee on Assistance Standards of the Office of Public Assistance	Public Assistance Program
3. Michael A. Plesher, Ph.D. Representative United Steel Workers, Pittsburgh	Pensions, Retirement Planning, Flexible Retirement
4. Robert W. Fraker Regional Representative Bureau of O.A.S.D.I. - Region II	Social Security Program

RESOURCE PEOPLE

Mr. William B. Tollen, Commissioner, Office of Public Assistance, Pennsylvania Department of Public Welfare.

Mr. Harold W. Williams, Director, Advisory Board on Problems of Older Workers, Pennsylvania Department of Labor and Industry.

Mr. Fred Davies, Assistant Secretary, State Employees Retirement Board.

Mr. John J. Gordon, Rehabilitation Administration Officer
Bureau of Rehabilitation
Pennsylvania Department of Labor and Industry

Chairman Haas opened the meeting by stating that the purpose was to take a look at some facts available on the subjects and to indicate what we think, at this time, may be needed in the field. He mentioned shifts in population changes, in the age level, lowering of employment due to age, as some of the problems that we should examine.

The panel members then were asked to present matters which they felt were of importance in the consideration of problems.

SUMMARY OF IDEAS PRESENTED BY PANEL MEMBERS

Dr. Roy B. Hackman

The generally prevelant idea that Counseling can solve problems is true only to the extent that

counseling refers to reality. Counseling cannot create services or employment . . . those things must exist in the community before the counselor can be effective in individual cases.

Trained counselors are needed. Because of the lack of sufficient counselors to deal with each person individually "group counseling" can be used effectively . . . perfection of techniques in group counseling is needed.

Counselors should get actively into the placement field.

More research needed on counseling -- requires additional money.

Dr. Mildred F. Woodbury

Dr. Woodbury presented three cases illustrating different types of problems being faced by recipients of Old Age Assistance:

Case One: Elderly couple, living in home community, receiving assistance in an amount just a few dollars below the minimum standard for health and decency. They have friends (who apparently help out with minor items), live in their old community where they feel at home, they vote and take part in community activities.

Case Two: Couple receiving about twenty dollars less than required for minimum standard of health and decency, and actually sink below the standard that the community expects of all people.

Case Three: Woman, living alone, in attic apartment, under the roof where landlord is unwilling to repair leaks or falling plaster. Her grant is sufficient to enable her to live in better quarters, but she does not know how to go about seeking them -- and besides this is "home", and the only place she feels comfortable. Income is adequate to maintain minimum health and decency, but needs skilled case work counseling, in order to get settled in better quarters and begin to take active part in community life.

Dr. Plescher

Reported briefly on survey conducted in State.

Financial problem is basic. Family discord often due to inadequate finances for family -- medical problems arise because no finances for adequate treatment, etc.

Pensions -- need for a flexible pension plan was illustrated. Union is encouraging the creation of flexible, rather than compulsory retirement plans.

Many companies are finding that flexible retirement plans are not only better for workers, but more economical for the company.

Mr. Robert Fraker

Reviewed briefly the OASI situation in Pennsylvania, which is about the same as in other states.

Provision for hospital and medical care insurance is now the open question. Several plans are being proposed. Forand Bill is only one of many.

FLOOR DISCUSSION

There was very little give and take in the floor discussion. It consisted mostly of questions from the floor and answers by panel members. The following topics were mentioned:

Townsend Plan -- is it dead? No answer.

Pension plans and Union attitude: pension plans are often inadequate because of economic competition and inflation.

Union probably would frown upon pension plans where Union members receive stock instead of money payments.

Tying of private pensions to Social Security payments . . .

When individuals lose jobs because of their age, and seek reemployment, are they being reemployed at lower level than previously, and what is really happening in such cases? Agreement that information needed. In cases of displacement, because of either age or industrial opportunities drying up -- why are people so reluctant to move to better areas? Discussion pointed up the difficulty older people find in putting roots down in new community in time to give them satisfaction and new lease on life. Moving older people out of "home territory" doubtful procedure, if the happiness of the individual is considered.

Local solutions to the question of displacement is the most hopeful provided sufficient aid is available. Probably requires State and Federal assistance.

Possibility of bringing new industry into territories where older industry dying could be aided by Federal subsidy.

MEETING ON
FREE TIME

DISCUSSION LEADER: Rev. Walter R. Harrison, Superintendent
Lutheran Home, Germantown

RECORDER: The Reverend C. A. Holmquist
Lutheran Service Society
Pittsburgh, Pennsylvania

1. Miss Georgene E. Bowen, Director Education-Recreation Health & Welfare Council Philadelphia	Need and Programs for Social Activity. Clubs, Camps - Opportunities for Service.
2. Prof. Hugh G. Pyle Department of Continuing Education Penn State University	Adult Education Formal, Informal
3. Mr. Charles F. Ferguson Executive Secretary Community Services Committee Pennsylvania C.I.O. Council	Special Organizational and Community Activities
4. Mrs. Gilbert Miller, Director Senior Citizens Program Irene Kaufman Centers, Pittsburgh	Multi-purpose Centers for Multiple Needs. Special Interest Groups.

RESOURCE PEOPLE

Miss Madolin Cannon, Consultant, Volunteer Services, Office of Mental Health, Pennsylvania Department of Public Welfare.

Mr. Kenneth W. Abell, Recreation Consultant, Pennsylvania Department of Commerce.

Mr. Alfred S. Holt, Coordinator, Extension and Recreational Education, Pennsylvania Department of Public Instruction.

Miss Bowen: Free time is thought too often as a time of idleness - now let us think of it as a time of activity of mind, body and spirit. The old have the feeling that there is nothing they can do. This is false.

Golden Age Clubs are the place to begin. This is the basic unit to build proper use of free time, to reach out and provide opportunity, not just to wait for death. These clubs help to bring old people back into the stream of life through new friends and hobbies. They help to change attitudes of the younger people toward the aging. Clubs eventually extend vertically (hours of the day) and horizontally (days per week). Soon the older people begin to perform services for other people as they give to others. Special events need to be planned for all older people.

Miss Bowen also talked about camping, and suggested that these programs can start with existing camping facilities, very few people and little money in any community.

Pyle: Not much has been done yet in adult education. A study of various extension projects recently completed shows that only 4% of the people involved were over 50 years of age. The median

age in many of these projects is 35 years. It needs to be remembered that these programs are designed on request of the older people. Most older people have not sought educational opportunities because of the attitudes that they have about age. These attitudes are contrary to recent findings which show that older people can learn. Motivation is one of the chief factors of the learning process. Education is on three levels: 1) of aging, 2) about aging, and 3) for retirement. Aging is a life-long process, not just preparation. We should be concerned because the elderly will soon be a voting block so we should educate them to vote intelligently. Older people want to be productive. Education is also for personal growth.

We must start with the needs, interests and capabilities of older people. These people are not really a specialized group but have the same basic needs and interests. It is suggested that we must go where the older people are, keeping in mind their physical limitations.

Ferguson: There is no blueprint for services for aging based upon a body of experience. We are all seeking and groping and little has been done.

1) We must have a concern for workers prior to retirement. Many Unions and industries are planning pre-retirement counselling five years prior to retirement.

2) We need to get the present retirees together to help them adjust to retirement.

3) We need to cooperate with community organizations to develop facilities and trained leadership.

Miller: We must include adult education as well as recreation into a total plan for older people as well as social services including housing and counselling. We talk of senior citizens who are approximately 60 years of age. These older people do not differ too much from all ages except that we need to fill gaps in the dull routine of their life. The Irene Kaufmann Settlements are an example of the whole range of activities that are possible for older people. There must be flexibility in programming. Existing facilities are too often overcrowded and not suited to the needs of older people.

Abell: Some think we are making too much of a problem out of old age but there is need for a co-ordinated program. What is everybody's business is often nobody's business, so we need some agency in every community as a coordinating agency to prevent duplication.

Holt: Don't overlook the possibility of using public schools. Finances is one of the chief problems. Adult education is not a kind of education but the level of education.

A number of questions were asked including:

1) How do we stimulate the public schools to become concerned about adult education programs? In answer, it was said that too many of us are busy building new schools and looking after the youngsters. It was felt that soon we will become aware of the pressures of old age and will eventually do something about it.

2) We need to do something about attitudes about aging. How can we introduce new interests in the old and help people to understand that this is possible?

3) How do we stimulate older people themselves?

4) How do we finance programs of recreation and adult education?

5) Can the facilities of the junior achievement clubs be used?

6) Can we examine the possibilities for education through television stations?

7) Are the aged worth worrying about?

SUMMARY OF DISCUSSION

Introduction

Attitudes are most important. We must point out that there is nothing sinful in the proper use of free time, but it is sinful not to use it productively.

A. Activities Programs

I. Types

Basic units are Golden Age Clubs which extend vertically and horizontally. Then come Day Centers offering a gamut of services to the older people, plus camping possibilities.

II. Results

1) Keep older persons in the stream of life.

2) Help to change attitudes toward aging.

3) Older persons should have the opportunity to perform services for others and be able to give.

4) Older persons will begin to organize so politicians and society outht to beware.

B. Adult Education

I. Why be concerned about this problem?

1) Education is a lifelong process, not just preparation.

2) We need to help older people to vote and act intelligently.

3) Older persons want to be needed and to be productive.

4) Personal growth is an ongoing process.

II. Problems

1) Where do we get the money - Federal, State, Local?

2) How do we stimulate public authorities?

3) How do we stimulate older people themselves?

4) How do we find the proper kind of facilities geared to the needs of older people - chairs, stairs, time of classes, transportation, length of sessions?

MEETING ON
RELIGION

DISCUSSION LEADER: Rev. Dr. Jesse D. Reber, Executive Secretary
Pennsylvania Council of Churches

RECORDER: The Reverend Luke H. Rhoads, D.D.
Allegheny Lutheran Home
Hollidaysburg, Pennsylvania

1. Rabbi Nathan Kaber Temple Beth Israel, Altoona	Pastoral Services
2. Monsignor Thomas J. Rilley Director, Catholic Charities Philadelphia	Non-congregational services under Religious auspices, e.g., Institutions, Social Services, Housing, Recreation, Day Care.
3. Mrs. Major Arthur Williamson Salvation Army, Harrisburg	Special needs of and Programs for the Homeless, Alcoholic and Deprived Aged; Referral - use of community resources.
4. Sister Betty R. Amstutz Central Lutheran Synod of Pennsylvania	Community Education through the Church. Assessments of needs of the Aged within the congregation and community.

In order to avoid repeating a number of things that were said by all the speakers as well as by those who participated in the discussion, this report contains the highlights on which the panel and the group seem to be in agreement:

1. That older people need, above everything else, what we all need -- a sense of belonging, of being loved, of being needed.

2. That neighborhood friendly visiting is not being done like it once was and older people are being forgotten, neglected. Pastors and congregations fail to keep in touch with older people who are house bound.

3. That something should be done about reviving friendly neighborhood visiting. That pastors should take a new look at the older people of their congregations. Since many of our congregations have ministers to youth, more of our congregations ought to have ministers who will minister especially to older people. That congregational committees should be set up to make sure that older people are visited. That young people, to whom older people are especially attracted, should also engage in this responsibility. That as an aid to visiting as well as for emergencies, telephones for older people who are receiving Public Assistance grants should be considered as a necessity for the house bound client.

4. That churches take a new look at their policies of caring for older people in their institutions. It is not enough to provide housing, clothing, and food but that there must also be physical therapy, mental therapy and spiritual therapy. For recreation there must be something that will stimulate their minds, not only their bodies.

5. That older people be given the opportunity to help rather than to be helped, to assist in a program rather than be the object of a program. This applies not only to those who are in institutions but to all people everywhere.

6. Social Workers who served older persons, should receive special training. Older people have special problems that go back into their roots and cultures that need to be taken into consideration in solving any problem that they have.

One of the prime requisites in ministering to older people is the ability to be a good listener. It is theraputic for them to talk although they may repeat their stories each time they are visited.

You can't talk religion to a man with an empty stomach. You must minister to the "whole" man. The homeless, the deprived, the alcoholic, the dispossessed must have the physical necessities of life before they can be ministered to, spiritually. But what is given, in the way of necessities, must be given not with a temporary purpose but for the purpose of helping a person to a new way of life.

. It is the church's business to develop in the church and community a new, wholesome, healthy attitude toward older people through sermons, discussions, Sunday School classes, etc.

. Older people must be made to know that they are part of a congregation and be given responsibilities and activities that are within their physical capacities to discharge.

. Older people are sometimes lost from a congregation's roster simply because no one bothers to keep in touch with them. Address lists and friendly visits must continually be made. Attention is called to a survey that was recently made by the West Pennsylvania Conference of the Central Pennsylvania Synod of the United Lutheran Church (Sister Betty Amstutz of 2600 North 3rd Street, Harrisburg, has the information). It would be well for the Department of Public Welfare and those who are conducting the present state-wide survey in preparation for the White House Conference for the Aging to have this survey as a helpful guide.

. Since many older people do not belong to the church, united community action is needed to give proper guidance and help to our older people.

. Older people do not need sympathy so much as they need empathy.

. According to a recent survey older people look to the church first to satisfy their needs rather than to their kin or to their neighbors.

. A fear was expressed lest the older people be placed in a certain category. We have been on a juvenile delinquency "jag" now we fear we will go on an old age "jag".

. Concern was expressed in the use of the terms Aged and Aging. It was felt unfortunate that the White House Conference has used the word Aging. It is recognized that there is nothing wrong with the word itself but rather with the connotation that it carries to most of us. It was hoped that some new word with a new connotation could be used to describe this group with whom we are now concerned.

CONFERENCE PARTICIPANTS

COUNTY	
Adams	Riley, Dr. Joseph H.
Allegheny	Belfour, Stanton Brown, Mrs. Earle A. Camery, Wilda Cawley, Alice S. Clark, Roger A. Church, Mrs. W. S. de Benneville, Mrs. Alice Dugan, Thomas P. Engle, Mrs. Roy W. Hoffman, Mary Ellen Holmquist, Rev. C. A. Loshbough, Bernard E. Kraft, Dr. Alfred Miller, Mrs. Gilbert Murray, Thomas Palchak, Joseph Plesher, Michael A. Raciappa, Mrs. Agnes Tronzo, Alfred L. Tropman, Elmer J.
Armstrong	0
Beaver	Ledebur, Linas V., Jr.
Bedford	0
Berks	Haas, Edward Schmoyer, Rev. Paul E.
Blair	Boudreau, Armond F. Gettman, Nancy Goss, Roy A. Kaber, Rabbi Nathan Rhoades, Rev. Luke H.
Bradford	Beirne, Col. John F. Bolinger, Ray C.
Bucks	Colgan, Thomas E. Cella, Charles Rittenhouse, O. W. Still, Dr. Joseph W. Tirjan, Jacob
Butler	Roney, Dr. James G.
Cambria	Greene, Patrick
Cameron	Holden, Mrs. A. P.
Carbon	Warner, Wilbur G.

COUNTY	
Centre	Britton, J. H. Pyle, Hugh G. Walmer, John D.
Chester	Measuroll, Mrs. David
Clarion	0
Clearfield	Wilson, Mrs. Ray C.
Clinton	Beckley, Mrs. Robert
Columbia	Evans, John M.
Crawford	Simonetta, George
Cumberland	Coons, Mrs. Albert, Jr. Ruckel, Irving
Dauphin	Abell, Kenneth Alapas, Peter Albrecht, Dr. C. E. Amstutz, Sister Betty Berg, Mrs. K. W. Berkley, John H. Bohr, Earl C. Bouterse, David Bower, Chester L. Bream, John H. Bridy, Rev. W. Clapp, Judith Coder, Dr. Harold E. Conn, Robert H. Cowley, Dr. A. Crisswell, Donald W. Crowe, J. Gordon Davies, Fred Davis, Dr. J. E., Jr. Denman, Mary Eberly, Mrs. Seibert D. English, Mrs. Bernice Evans, Rev. George I. Feldman, Leon Ferguson, C. F. Fraker, R. W. Gastrock, Mrs. A. E. Geisinger, Henry R. Gibbons, Miles J. Good, W. A. Goodman, Anne Gordon, J. J. Gowings, D. A. Gunderman, Chauncy Hargest, Mrs. W., Jr.

COUNTY	
Dauphin (Cont'd)	Harris, Dr. John H. Harrison, P. N. Hess, Richard Holt, Alfred Hosfeld, Dr. Marjorie Kirk, E. A. Kraus, Dr. W. Mac Millan, Thressa Miller, William Mills, Ira J. Mudgett, Dr. Charles S. Nitch, Dr. Ursula Ocinski, Arthur J. Olewine, Marian Pfeiffer, Dr. Mildred Pindell, Mrs. Anne D. Ramos, Mrs. Nelle Reber, Rev. J. D. Richey, Mrs. Robert Rogers, Daniel Shirk, Elliott Smith, Dr. J. S. Smith, Dr. June Stackpole, Mrs. A. H. Strutt, Joseph Sussman, Dr. Nathan Tibbs, Marjorie Tinsman, Dr. C. A. Tollen, W. B. Ulshafer, Trudy Waller, Dorothy Warner, Marian Wilbar, Dr. C. L., Jr. Williams, Harold W. Williamson, Mrs. Major Arthur Zantzinger, C. Clark
Delaware	Kennedy, Cecile R. Kolalik, Olga Ravetz, Dr. Elkin
Elk	0
Erie	Powers, Rt. Rev. James M.
Fayette	Forejt, Mrs. Martha C.
Forest	0
Franklin	0
Fulton	Hoover, Rev. David R.
Greene	Marlatt, Elizabeth M.
Huntingdon	0
Indiana	Harkcom, Mrs. Dale
Jefferson	0
Juniata	0
Lackawanna	Downs, Frederick, Jr. Hammond, Phoebe A. Hoban, Mrs. T. Linus Kerber, Roslyn B.
Lancaster	Roe, Jacob I. Sayles, Howard W. Smith, Dr. S. June
Lawrence	Confer, Mrs. W. A.
Lebanon	McClelland, Mrs. H. C. Shaak, Dr. R. D.
Lehigh	Angell, Stephen L. Covert, Harold M.
Luzerne	Cutten, W. F. Teller, Stephen A. Tischler, Mrs. Max Tosh, J. W.
Mc Kean	Wolf, Jack Wolf, Mrs. Jack
Mercer	Candler, Mrs. George L. Rosenblum, Mrs. Louis
Mifflin	0
Monroe	0
Montgomery	Gerber, Mrs. Morris Hines, Anne M. Howard, Carlotta Spare, Ralph H. Williams, Mrs. R. W. Wright, Lowell E.
Montour	Geiger, Howard Hill, Wm. C.
Northampton	Bull, Mrs. A. B. Mc Mahon, B. F.
Northumberland	Shroyer, John U.
Perry	Holman, Lt. Col. Edward

COUNTY	
Philadelphia	Blady, Dr. John V. Blumberg, Dr. Nathan Bortz, Dr. Edward L. Bossert, Henry, Jr. Bowen, Georgene Bury, Harriette Cohen, Mrs. Ruth Freeman, Dr. Joseph T. Grace, Mrs. Lt. Col. John Griffith, W. P. Groller, Raymond Hackman, Prof. R. Harrison, Rev. Walter R. Heydrick, Mrs. Wm. J. Houslein, Lucien A. Jackson, Hobart Kelly, Joseph T. Loewenstein, Benjamin S. Markey, S. P. Naylon, Mrs. Lilly E. Rilley, Monsignor Thomas J. Sailer, Wm. P. Stonorov, Oskar Vigneron, Virginia Waldman, Arthur Warner, Charles, Jr. Wise, Randolph E. Woodbury, Mrs. M.
Pike	Moore, Rev. J. C.
Schuylkill	Paulosky, Dr. Joseph A. Walters, Paul E.
Snyder	0
Somerset	0
Sullivan	Thomas, Wesley S.
Susquehanna	0
Tioga	Marvin, Kimble G. Marvin, Mrs. Kimble G.
Union	Pluemacher, Mabel
Venango	0
Warren	0
Washington	0
Wayne	Hook, Walter C. Solte, Henry
Westmoreland	Hughes, Dr. Margaret
Wyoming	0
York	Bailey, Dr. M. L. Swaim, Rev. W. T. Swartz, Ellen P. Thompson, Hila
Federal Government:	Fioresi, Stanley J. Morse, Dr. Fred W., Jr. O'Conner, Joseph Vivrett, Prof. W. K.

1961 White House Conference on Aging

DIRECTORY of STATE ORGANIZATIONS WORKING in the FIELD of AGING

Document No. 2

GOVERNOR'S WHITE HOUSE CONFERENCE COMMITTEE ON AGING
ROOM 316, HEALTH & WELFARE BUILDING, HARRISBURG, PENNA.

PARTICIPATING ORGANIZATIONS

Altrusa International, Inc., Second District
American Association of University Women, Pennsylvania Division
Catholic Dioceses, Altoona-Johnstown, Philadelphia, Erie
Chiropody Society of Pennsylvania
Evangelical United Brethren Church, Western Pa. Conference, Central Pa. Conference
Fraternal Order of Eagles
Hospital Association of Pennsylvania
Junior Leagues of Pennsylvania
Lutheran Service Society of Western Pennsylvania
National Council of Jewish Women, Pennsylvania Region
Pennsylvania Association of Life Underwriters
Pennsylvania CIO Council
Pennsylvania Council of Family Service Agencies
Pennsylvania Council on Health Care of Aged
Pennsylvania Dietetic Association
Pennsylvania Division, Inc., American Cancer Society
Pennsylvania Federation of Women's Clubs
Pennsylvania Heart Association, Inc.
Pennsylvania Medical Society
Pennsylvania Mental Health, Inc.
Pennsylvania Nurses Association
Pennsylvania Public Health Association
Pennsylvania Society of Architects
Pennsylvania State Council of Lions Clubs
Pilot International, District 16
Pennsylvania Society for Crippled Children & Adults, Inc.
Salvation Army
Soroptimist Federation of The Americas, Inc., North Atlantic Region
State YMCA
United Church Women of Pennsylvania
Veterans of Foreign Wars
Volunteers of America

ORGANIZATIONS WITH ACTIVITIES IN:

A. EDUCATION

American Association of University Women, Pennsylvania Division
Altrusa International, Inc.
Chiropody Society of Pennsylvania
Junior Leagues of Pennsylvania
Pennsylvania CIO Council
Pennsylvania Dietetic Association
Pennsylvania Division, Inc., American Cancer Society
Pennsylvania Federation of Women's Clubs
Pennsylvania Heart Association, Inc.
Pennsylvania Region, National Council of Jewish Women
Pennsylvania Society for Crippled Children and Adults
Pennsylvania Association of Life Underwriters
Pennsylvania Medical Society
Pennsylvania Public Health Association
Pennsylvania Council on Health Care of Aged
State YMCA
Soroptimist Federation of The Americas, Inc., North Atlantic Region
The Salvation Army
VFW, Department of Pennsylvania
United Church Women of Pennsylvania

B. EMPLOYMENT SECURITY, RETIREMENT & INCOME MAINTENANCE

Evangelical United Brethren Church
Fraternal Order of Eagles
Pennsylvania Association of Life Underwriters
Pennsylvania CIO Council
Pennsylvania Federation of Women's Clubs
Soroptimist Federation of The Americas, Inc., North Atlantic Region
VFW, Department of Pennsylvania

C. HEALTH AND MEDICAL CARE

Catholic Diocese of Philadelphia, Erie
Fraternal Order of Eagles
Hospital Association of Pennsylvania
Chiropody Society of Pennsylvania
Pennsylvania Council on Health Care of Aged
Pennsylvania CIO Council
Pennsylvania Dental Hygienists Association
Pennsylvania Dietetic Association
Pennsylvania Division, Inc., American Cancer Society
Pennsylvania Federation of Women's Clubs
Pennsylvania Heart Association, Inc.
Pennsylvania Medical Society
Pennsylvania Mental Health, Inc.
Pennsylvania Nurses Association
Pennsylvania Society for Crippled Children and Adults
Pennsylvania State Council of Lions Clubs
Pennsylvania Public Health Association
Pilot International, District 16
Soroptimist Federation of The Americas, Inc., North Atlantic Region
VFW, Department of Pennsylvania

D. FREE-TIME ACTIVITIES

Altrusa International, Inc.
Catholic Diocese of Philadelphia
Fraternal Order of Eagles
Junior Leagues of Pennsylvania
Lutheran Service Society of Western Pennsylvania
Pennsylvania CIO Council
Pennsylvania Federation of Women's Clubs
Pennsylvania State Council of Lions Clubs
Pennsylvania Region, National Council of Jewish Women
Pilot International, District 16
State YMCA
The Salvation Army
Soroptimist Federation of The Americas, Inc., North Atlantic Region
United Church Women of Pennsylvania

E. HOUSING

Altrusa International, Inc.
Fraternal Order of Eagles
Pennsylvania CIO Council
Pennsylvania Federation of Women's Clubs
Pennsylvania Society of Architects
Soroptimist Federation of The Americas, Inc., North Atlantic Region
United Church Women of Pennsylvania

F. NON-MEDICAL INSTITUTIONAL CARE

Catholic Diocese of Philadelphia
Catholic Diocese of Erie
Evangelical United Brethren Church, Western Pennsylvania Conference
Central Pennsylvania Conference
Luthern Service Society of Western Pennsylvania
Pennsylvania Dietetic Association
Pennsylvania Federation of Women's Clubs
Pennsylvania Public Health Association
United Church Women of Pennsylvania
VFW, Department of Pennsylvania

G. RESEARCH & PROFESSIONAL TRAINING

Altrusa International, Inc.
Pennsylvania Division, Inc., American Cancer Society
Pennsylvania Heart Association, Inc.
Pennsylvania Society of Architects
Pennsylvania Society for Crippled Children and Adults
Pennsylvania Public Health Association
Soroptimist Federation of The Americas, Inc., North Atlantic Region

H. SOCIAL SERVICES

Altrusa International, Inc.
Catholic Diocese of Altoona-Johnstown
Philadelphia
Junior Leagues of Pennsylvania
Lutheran Service Society of Western Pennsylvania
Pennsylvania Council of Family Service Agencies
Pennsylvania CIO Council
Pennsylvania Public Health Association
Pennsylvania State Council of Lions Clubs
Pennsylvania Society for Crippled Children and Adults
Pennsylvania Federation of Women's Clubs
Soroptimist Federation of The Americas, Inc., North Atlantic Region
State YMCA
The Salvation Army
United Church Women of Pennsylvania
Volunteers of America

I. RELIGION

Catholic Diocese of Altoona-Johnstown
Philadelphia
Evangelical United Brethren Church, Western Pennsylvania Conference
Central Pennsylvania Conference
Lutheran Service Society of Western Pennsylvania
Pennsylvania Federation of Women's Clubs
State YMCA
The Salvation Army
United Church Women of Pennsylvania
Volunteers of America

INTRODUCTION

by

Ruth Grigg Horting, Chairman
Governor's White House Conference Committee on Aging

This Directory of Pennsylvania State Organizations working in the Field of Aging is the first ever to be published in our Commonwealth. The organizations listed here represent an aggregate membership running into the hundreds of thousands. The activities which they describe include the gamut of voluntary effort ranging from broad community education to the provision of direct 24 hour care.

This directory has a threefold purpose:

First, to acquaint the general public with the kinds of activities being undertaken by the voluntary agencies.

Second, to provide a source of ideas for voluntary agencies interested in broadening their sights.

Third, to provide a point of reference for those individuals or agencies who may be seeking service, speakers or information.

From time to time it will be necessary to revise this directory as more organizations become active and as presently active organizations broaden or change the scope of their activities. Although a thorough job of distributing questionnaires was done, it may be that some agencies were overlooked or did not respond. These will be included in later editions.

The Governor's White House Conference Committee on Aging is indebted to the Soroptomist Federation of the Americas, Inc., North Atlantic Region, for the work they did in compiling this directory. In conference with the Office For The Aging, Pennsylvania Department Of Public Welfare, they designed the questionnaire and developed the mailing list. The Federation then took responsibility for the yeoman task of editing the returns, organizing the material for publication, and preparing the index. For this work the Committee is most grateful.

Copies of this directory may be secured by writing to:

OFFICE FOR THE AGING
PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE
HARRISBURG, PENNSYLVANIA

March 1960

ALTRUSA INTERNATIONAL, INC.
Second District
208 Berkeley Ave., Bloomfield, New Jersey

Mrs. Katharine F. Skogsberg, Governor

. MEMBERSHIP & AFFILIATES:

Number of Affiliates in State	- 10
Number of Counties in which there are Affiliates	- 8
TOTAL State Membership	- 369

. PRESENT PROGRAMS:

Practically all Altrusa Clubs are engaged in some form of work with the aged, or plan to include it in their agenda.

a. Emphasis placed on help for the older woman, assisting them to secure employment:

(1) Baby-sitting project -- able to place large number of women;
(2) Senior guidance councils including re-training programs for women and small business clinics;
(3) Scholarships for graduate study in social work -- club had the owner of a local private employment agency outline services and discuss the problem of employment for the mature and older woman;
(4) Underwrite the cost of Practical Nursing Courses;
(5) Made Christmas cards for the aged in a County Home and furnished postage for mailing;
(6) Classes organized in embroidering, crocheting, knitting;
(7) Entertainment provided by many Clubs in Homes for the Aged;
(8) Homemaker service for an ill person, clothing, etc.;n
(9) Adopted five Senior Citizens, practically all shut-ins -- visit them and as their interests are learned try to follow up along that line, remember their birthdays and, naturally, Christmas.

Altrusa Clubs in the following communities conduct programs for the Aging:

Allentown, Harrisburg, Lancaster, Philadelphia, Pittsburgh, Reading, State College

. PLANS

More emphasis is being given to orientation, and the type of work in which older women can engage.

Loan closets being established to help where there is illness;

Establishment of a Mental Health Board, Golden Age Clubs and Hobby Clubs;

. SCOPE & METHODS OF PARTICIPATION

a. Conferences provide media for exchange of ideas and new thinking on projects;

b. Grants-in-Aid (International) and the Founders' Fund (funds established to help in orientation, etc.) are primarily Altrusa's. Each Club can apply for aid up to $250.00; aside from that they can select any project.

(1) Founders Fund Vocational Aid grants may be used for training or re-training in a skill, or to buy equipment in order to be self-employed.

Allocation for year --	Founders Fund	$14,997
	Grants-in-Aid	20,071

March 1960

AMERICAN ASSOCIATION OF UNIVERSITY WOMEN
Pennsylvania Division
6847 Juniata Place, Pittsburgh 8, Pennsylvania

Mrs. Alfred W. Crozier, President

1. MEMBERSHIP & AFFILIATES:

Number of Affiliates in State	- 52 Branches
Number of Counties in which there are affiliates	- 40
TOTAL State Membership	- Approx. 6500

2. PRESENT PROGRAMS:

National AAUW has project subject matter related to Aging as a field of study for about five years. The National Social and Economic Issues staff and committee have participated in conferences on the various areas of consideration at a national level and have conveyed their findings to State and Branch chairmen.

We have a study kit on Aging prepared by our headquarters staff which contains widespread contributions from authorities in the field of Aging, plus some basic as well as inspirational material. While primarily an educational organization, we believe that action should follow study. Branches are, therefore, encouraged to study the many facets of the problems and challenges of Aging, and to analyze their own communities to see if they can contribute by constructive action to fill a need that has been made apparent.

The most common activity among Branches is the conduct of lectures, forums or panel discussions on Aging. Their purposes have been to inform our own members and members of their communities.

Training Workshop for volunteers working with the - HARRISBURG AAUW sponsored a two-day workshop. Over 30 organizations sent representatives to this workshop and at their request the project has been put on a continuing basis.
Study groups -
Presentation of legislation affecting older citizens -
1959 and 1960 State Conventions feature programs on Aging -
Fall Conference involving a group of Western Pennsylvania Branches was devoted entirely to various aspects of Aging.

3. PLANS:

Many of our members are actively concerned with the work of their County Committees for the White House Conference on Aging.

A number of our Branches will be conducting study and action programs on Aging in the coming year.

Many of our members will participate in Pennsylvania's activities leading to the White House Conference on Aging on various levels.

4. SCOPE & METHODS OF PARTICIPATION:

Each Branch selects its own emphasis for its yearly Social and Economic Issues program. Aging is one of the major interests in the field. Activity may range from offering a program on the subject or conducting a study group to an action project in the community. It may be a Branch project or one in which a Branch cooperates with other community organizations.

March 1960

ALTOONA-JOHNSTOWN DIOCESE:

1. Agency currently maintains comprehensive social service program for the aging.

2. Preliminary plans are now in effect for a minimum 100-bed Nursing Home for the Aged.

3. Current services and proposed new facility for Aging are available to residents of the eight counties (Bedford, Blair, Cambria, Centre, Clinton, Fulton, Huntingdon, Somerset) of the Diocese of Altoona-Johnstown.

PHILADELPHIA DIOCESE:

1. 10-County Area of Diocese now has: -

   2 Nursing Homes with 253 beds occupied;
   17 Custodial Homes with 1209 beds occupied.

   Volunteer Program: 75 volunteers, 25 to 40 years of age, visit non-sectarian Nursing Homes twice a week, (Catholic Activities Group)

   Participation in Elder Craftsmen's Shop once a week, (volunteers are Ladies of Charity).

2. PLANS: Recreational program; Physiotherapy program.

3. SCOPE & METHODS OF PARTICIPATION: 3 facilities owned and operated;
   16 facilities supervised.

1. PRESENT PROGRAM:

   a. Saint Mary's Home, Erie, is a Home for the well-aged, both men and women, sixty-five years of age and over, and residents of Northwestern Pennsylvania. All guests have private rooms.

   b. Saint Mary's Geriatric Hospital is for the chronically ill-aged, both men and women, sixty-five years of age and over, and residents of Northwestern Pennsylvania. Nursing care is provided in addition to room and board. Facilities here are varied, including private and multi-bed rooms in order to provide a variety of placement for care.

      (1) Both the Home and Hospital are conducted by the Sisters of Saint Joseph of Erie, Pennsylvania, and are included in Catholic Charities, Inc., of the Diocese of Erie.

2. PLANS: - Little change anticipated in present program, excepting where a better service might be effected.

3. SCOPE & METHODS OF PARTICIPATION:

   a. While our program deals only with those guests now living in our Home and being cared for in our Geriatric Hospital, we are also interested and do keep in close contact with those persons on our waiting lists who are anticipating admission.

   b. We are interested in the community planning for the aging, and we have active participation on the Aging, Agency Division of the Welfare Council of Erie County.

March 1960

CHIROPODY SOCIETY OF PENNSYLVANIA
227 State St., Harrisburg, Pennsylvania

Mr. James E. Bates, President

1. MEMBERSHIP & AFFILIATES:

Number of Affiliates in State	- 15 Divisions
Number of Counties in which are affiliates	- All
TOTAL State Membership	- 500 plus

2. PRESENT PROGRAMS:

A survey of public and private institutions providing care for the aged was completed recently in the Greater Philadelphia Area. This was done to ascertain whether or not proper foot care and foot hygiene was being provided these individuals. It was found that many of these institutions used part-time professional (Chiropody) advice from many of our members. An effort is being made to see that all such institutions will utilize this important procedure in the near future.

Educational pamphlets are available from our National Organization and have been distributed in small quantities as of now. Further information on this may be obtained from:

American Podiatry Association
3301 - 16th Street, N. W.
Washington10, D.C.

3. PLANS:

The circulatory problems normally present in the aged group further complicates an already complicated foot care problem. It is the plan to widely distribute educational literature to this large group of Americans in the hope that better hygiene and care can be accomplished. Studies have shown that with proper care and hygiene of the feet, less medical complications - especially of ambulation - are involved; then too, the mental outlook of the individual is greatly enhansed.

4. SCOPE & METHODS OF PARTICIPATION:

We are participating in the health education and care phase of this project and plan to improve upon our already existing contributions. If further assistance is required from any of the allied committee members, feel free to call upon our organization.

March 1960

EVANGELICAL UNITED BRETHREN CHURCH

Western Pennsylvania Conferenee Central Pennsylvania Conference

PRESENT PROGRAMS:

The most signifieant program in whieh the EUB Chureh of the Central Pennsylvania Conference is engaged is being promoted through The Evangelieal Home at Lewisburg. This is a home for the 'Aging' operated by the EUB Chureh.

PLANS:

Western Pennsylvania Conferenee of the EUB Chureh has appointed a eommittee to study the possibility of establishing a Home for the Aged within the bounds of Western Pennsylvania Conferenee - Committee has not as yet made its report.

There is also The Ministers' Aid Committee whieh provides better seeurity for ministers, ministers' widow or orphans. The eontribution is based on the number of years of serviee, and is given after retirement of minister - widows and orphans receive help at time of need.

SCOPE & METHODS OF PARTICIPATION:

Western Pennsylvania Conferenee of the Evangelieal United Brethren Chureh partieipates in two Homes for Aged - one at Quiney and the other at Lewisburg. Contributions are given by eaeh church in the Conferenee to the extent of $1.00 per member of the ehureh. Members of the Conferenee who have no home or are unable to care for themselves are eligible for admission, both laymen and ministers.

Inereased study is being given to this important matter of Soeial Relations which will result in better eare of the aged in coming years.

FRATERNAL ORDER OF EAGLES
Pennsylvania State Aerie
406 House Building
Pittsburgh 22, Pennsylvania

Maurice Splain, Jr., Secretary

1. MEMBERSHIP AND AFFILIATES:

Number of Affiliates in State	-	150
Number of Counties in which there are Affiliates	-	60
TOTAL State Membership	-	125,000

2. PRESENT PROGRAMS:

The Fraternal Order of Eagles have Club Houses in 150 Pennsylvania communities, and in every instance local programs are provided to entertain the older members of the Order.

3. PLANS:

The Grand Aerie of the Fraternal Order of Eagles has purchased ground on the Tamiami Trail, two and one-half miles south of Bradenton, Florida. Within the next month, we will start to build a fifty-unit low rental house for Senior members of the Fraternal Order of Eagles. It is anticipated that some Pennsylvania Eagles will live there and the program will be expanded from time to time according to the demands of the Order.

March 1960

THE HOSPITAL ASSOCIATION OF PENNSYLVANIA
610 N. Third St., Harrisburg, Pennsylvania

John F. Worman, Executive Director

1. MEMBERSHIP AND AFFILIATES:

County or local affiliates	-	None
Regional Hospital Associations throughout the State not ties to Pennsylvania Association by any formal affiliation arrangement.	-	6
TOTAL State Membership - Institutional members	-	268
Personal members	-	1300

2. PRESENT PROGRAMS:

Council on Professional Practice is, of course, interested in the subject of Health Care of the Aged and Aging. We are represented on the Joint Council for Improvement of Health Care to the Aged. Care of geriatric cases is a matter of growing concern to our member hospitals.

3. PLANS:

It is apparent that increasing attention will be given to the subject of health care of the aged and aging by members of our Association and by the Association itself.

JUNIOR LEAGUES OF PENNSYLVANIA
Public Affairs Committee
1514 Madison Avenue
Scranton 9, Pennsylvania

Mrs. William J. Yevitz, Chairman

1. MEMBERSHIP AND AFFILIATES:

Number of Aggiliates in State	- 11
Number of Counties in which there are affiliates	- 11
TOTAL State Membership	- approx. 1200

2. PRESENT PROGRAMS:

Discussion-Study Groups on possible ways to improve care of aged.
Cooperation with Welfare Councils, Leagues of Women Voters on their projects.

Education of our members in ways they can help improve services to the aging. Volunteer help with free time activities for aging. (Visiting, entertaining, writing for and reading to, art, music, etc.)

Present programs are being conducted in Wilkes-Barre, Reading and Harrisburg.

3. PLANS:

Continuation and expansion of program as set forth in 2.

4. SCOPE & METHODS OF PARTICIPATION:

The scope is broad. Being an organization to further interest and participation of our members in many areas, our main thought at this point is to cooperate with other agencies, Welfare Councils, Leagues of Women Voters, etc.) in projects that they may have.

It is our thought that duplication of studies is not good and we will concentrate on educating our members on services and needs available for aging, getting into projects later as the situation and needs are pinpointed in each individual League community.

Nothing specific is planned on the State level.

March 1960

LUTHERAN SERVICE SOCIETY OF WESTERN PENNSYLVANIA
2400 East Carbon Street
Pittsburgh 3, Pennsylvania

Rev. C. A. Holmquist, Executive Director

1. PRESENT PROGRAMS:

   a. Home for the Aged at Zelienople;

   b. Involved in service programs for older people:

      (1) Full-time case worker who works with older clients and makes contacts with congregations to establish recreational and other programs in the congregations.

2. PLANS:

   a. Development of a program in the East Carbon Street Building in nature of a Day Center;

   b. Development of a program for Shut-Ins throughout Lutheran Churches of the area. (At present this activity is confined to the Allegheny County area, but hopes are to eventually move it out into other parts of the area).

   c. Plan thorough study later this year of the needs for older people in territory, utilizing services of national staff.

3. SCOPE AND METHODS OF PARTICIPATION:

   a. Through Lutheran Service Society -
      through professional staff affiliated with churches in area -
      through promotion of plans to include other areas.

March 1960

NATIONAL COUNCIL OF JEWISH WOMEN
Pennsylvania Region
1520 Spruce St., Philadelphia, Pennsylvania

Mrs. Samuel Ginns, Regional President

1. MEMBERSHIP & AFFILIATES:

Number of Affiliates in State	- 16 Sections
Number of Counties in which there are affiliates	- 13
TOTAL State Membership	-

2. PRESENT PROGRAMS:

The National Council of Jewish Women launched its national Golden Age program in 1946 - America's first nationally sponsored recreational program for senior citizens. In consultation with an Advisory Committee of leading geriatricians, appropriate volunteer activities were charted and the 240 Council Sections were encouraged to establish recreational programs. The National Office has given continued guidance through materials and individual consultation and has established criteria for the initiation of projects, including avoidance of duplication of service, training and supervision of volunteers, regular evaluations and sound financing. The objective of these programs is to plan useful activities for older people and to make them feel useful.

Pittsburgh	- Golden Age Lounge
Erie	- Golden Age Program
Wilkes-Barre	- Golden Age Lounge - ce-sponsored with Jewish Community Center
Harrisburg	- Golden Age Lounge - ce-sponsored with Jewish Community Center
Butler	- Golden Age Club - co-sponsored with "Y"
New Castle	- Golden Age Club - co sponsored with "Y"
Shenango Valley	- Golden Age Club - co sponsored with Sharon's Women's Club

Philadelphia - 3 Golden Age Clubs;

Program of friendly phoning - volunteers make personal calls twice a day to aged men and women whose names have been supplied by social agencies. This helps relieve lonliness and also serves as a check on individuals who live alone and have few connections.

3. PLANS:

Too early to determine specific projects - surveys will be made by a number of sections in the State to ascertain community needs and the Section's ability to meet them. One consideration is the possibility of 'friendly visiting' in connection with 'friendly phoning'; also, present programs may be expanded.

Study groups and possible forums around the subject of the Aging will also be considered.

4. SCOPE & METHODS OF PARTICIPATION:

Provide volunteers within the framework of on-going projects. With clubs and lounges provide transportation, leisure time activity, parties, program planning, etc.

Participation in Governor's Committee for White House Conference on the Aging.

March 1960

PENNSYLVANIA ASSOCIATION OF LIFE UNDERWRITERS
410 N. Second St., Harrisburg, Pennsylvania

Clarinda Reighard, Executive Secretary

1. MEMBERSHIP & AFFILIATES:

Number of Affiliates in State	- 38
Number of Counties in which there are Affiliates	- 38
TOTAL State Membership	- 5000

2. PRESENT PROGRAMS:

Our membership is comprised of men and women in the Life Insurance business who are constantly giving all people, old and young, the opportunity to provide for themselves sufficient means to enjoy retirement at whatever age they select.

3. SCOPE & METHODS OF PARTICIPATION:

We have provided nationally well known speakers on programs where the field of the Aging is the topic of discussion in County Medical Societies as well as the Pennsylvania Medical Society meetings.

We have representation on the Governor's Committee on the White House Conference for the Aging, the State Chamber of Commerce and the Chamber of Commerce of the United States.

We keep our entire membership informed and urge active participation.

March 1960

PENNSYLVANIA CIO COUNCIL
Dauphin Building, Harrisburg, Pennsylvania

Charles F. Ferguson, Executive Secretary
Community Service Committee

1. MEMBERSHIP & AFFILIATES:

Number of Affiliates in State	-	1,000
Number of Counties in which they are affiliates	-	60
TOTAL State Membership	-	700,000

2. PRESENT PROGRAMS:

Pre-Retirement Counselling - By and large industry does a poor job of preparing workers for retirement. To meet this need, we are developing Advisory Training Programs to counsel workers near retirement age on the many aspects and problems of retirement and the benefits they are entitled to receive.

Past-Retirement Counselling - This program is designed to reach retired workers to give the information indicated above and to provide a method of referral to community agencies in dealing with personal and other problems.

Community Facilities - The first two programs were designed primarily for union members and retirees, but in conjunction with that we are endeavoring to develop community interest in providing centers for activities, hobbies, counselling, etc., for the aging in Pennsylvania.

Areas in which programs are in various stages of development include -

Philadelphia	Bristol	Sharon
Reading	New Castle	Erie

3. PLANS:

Cooperation with interested organizations, such as the Governor's Committee on the Aging and similar committees in local communities, to develop programs.

March 1960

PENNSYLVANIA COUNCIL OF FAMILY SERVICE AGENCIES
66 N. Third Street, Easton, Pennsylvania

Mr. Lionel C. Lane, Chairman

1. MEMBERSHIP AND AFFILIATES:

Number of Affiliates in State	- 18
Number of Counties in which there are Affiliates	- 16

2. PRESENT PROGRAMS:

All family agencies affiliated with the Family Service Society of America offer counseling and planning to aged persons and their families. This may involve professional counseling for strained family situations in which the aged person is living with his children, or it may concern planning with an aged person who needs to or wants to change his living arrangement. In many of these situations the question of moving into an institutional living arrangement is considered. Counseling almost invariably involves helping the aged person face the reality of his situation, to make possible choices, and to find a comfortable way of living with his reality.

Several Family Agencies have homemaker projects. Homemakers are placed in the homes of aged persons to help them maintain themselves; they perform such duties as shopping, food preparation, etc. Such service is provided in situations where aged persons are no longer able to maintain themselves fully, but are not so handicapped as to need to consider other kinds of living arrangements.

3. PLANS:

a. Expansion of Family Service sponsored homemaker programs.

b. Additional counseling services to aging persons and their families, organizing Family Agencies where none exist.

c. Exploration of programs of foster home care for the aging.

4. SCOPE & METHODS OF PARTICIPATION:

Family Service agencies usually cover city or county areas. Counseling staff are all professionally trained, and hold Masters degrees from accredited, university schools of social work.

March 1960

PENNSYLVANIA COUNCIL ON HEALTH CARE OF AGED
230 State St., Harrisburg, Pennsylvania

Richard B. McKenzie, Secretary

1. MEMBERSHIP & AFFILIATES:

Number of Affiliates in State - None

2. PRESENT PROGRAMS:

The Pennsylvania Council on Health Care of the Aged is currently concentrating its efforts on stimulating the participation of its member organizations in the county and state activities in preparation for the 1961 White House Conference on Aging. The Council has no specific projects on aging currently in operation.

3. PLANS:

The Council has recommended to its member organizations that similar Councils be formed in each County. The aims and objectives of the Council are:

a. Aid in the development of realistic attitudes towards older people;

b. Provide a clearing house for information on programs, activities, and plans for the health care of the ages;

c. Act as a coordinating body for related programs of member organizations and develop joint programs when necessary;

d. Aid in the development of more effective methods of financing health care for the aged;

e. Stimulate the expansion of programs for the training of skilled personnel in the health field;

f. Stimulate programs for the improvement of medical and related facilities for older people;

g. Develop methods to encourage its individual members to provide leadership and cooperation in community programs for older citizens;

h. Disseminate information on the health care of the aged to the public.

4. SCOPE & METHODS OF PARTICIPATION:

The Pennsylvania Council has as its parent organization the Joint Council to Improve the Health Care of the Aged composed of representatives from the American Dental Association, the American Hospital Association, the American Medical Society and the American Nursing Home Association. In addition, the Pennsylvania Council has added to its membership the Pennsylvania Nurses Association and the Pennsylvania Pharmaceutical Association.

March 1960

PENNSYLVANIA DIETETIC ASSOCIATION
Box 94, Bucknell University
Lewisburg, Pennsylvania

Miss Mabel Pluemacher, President

1. MEMBERSHIP & AFFILIATES:

Number of Affiliates in State	- 7
Number of Counties in which there are Affiliates	- all
TOTAL State Membership	- 850

2. PRESENT PROGRAMS:

Along with the Division of Nutrition in The Pennsylvania Department of Health, our Association has had workshops and institutes on dietary operations on both the State and Local levels for homes of the aged - both Public and Private.

Menu planning, production and general management of their Dietary departments are covered by these workshops and institutes, especially stressing Therapeutic Diets.

To date these have been held in Harrisburg, York, Reading,
Williamsport, Johnstown,
Wilkes-Barre

3. PLANS:

Will continue present programs where needed.
In addition, the Central Dietetic Association is embarking on a plan to list homes for the aged in that area in an effort to assign a Dietitian (qualified) to whom the Managers may go tor help in the field of Dietetics.
This program is just in the formative stage.

4. SCOPE & METHODS OF PARTICIPATION:

Method of handling the Central project has not been established. They are working on it presently, coverage will include approximately 10 or 12 Counties in the Central area of Pennsylvania.

PENNSYLVANIA DIVISION, INC.
American Cancer Society
301 Muench Street
Harrisburg, Pennsylvania

Mr. John Halloran, Executive Director

1. MEMBERSHIP AND AFFILIATES:

Number of Affiliates in State	- 63
Number of Counties in which there are Affiliates	- 65
TOTAL State Membership (serving on Boards of Directors)	- 2493

2. PRESENT PROGRAMS:

Our program is directed at both the cancer patient and the potential cancer patient, both of whom are usually among older people. The increasing incidence of cancer is a direct reflection of our aging population. Half of the cancer deaths last year were among individuals over 65 years of age.

An extensive public and professional education program is directed by the American Cancer Society primarily toward the goal of realizing the potential curest which can be achieved through the early detection of the disease.

The Society also offers a home care program for the needy cancer patient including dressings, sick room equipment and supplies, medications of certain types, nursing care, transportation for treatment and other services.

We are now completing the development of a program to detect cancer of the cervix and uterus through the use of cytologic examinations. The program is directed primarily to women 45 years of age and older.

3. SCOPE & METHODS OF PARTICIPATION:

In addition to the services offered to older people, a large proportion of the almost two million volunteers serving this cancer control effort are made up of older persons. Just how much this participation contributes to the personal welfare of those involved is impossible to evaluate, but very real in fact.

March 1960

PENNSYLVANIA FEDERATION OF WOMEN'S CLUBS
Gerontology Division
1319 Highland Road, Sharon, Pennsylvania

Mrs. George L. Candler, Chairman

1. MEMBERSHIP & AFFILIATES:

Number of Affiliates in State	- 924
TOTAL State Membership	- 83,869

2. PRESENT PROGRAMS:

Pennsylvania Federation of Women's Clubs has as its aim - at least one program in some phase of gerontology, and at least one project in each club. A number of Golden Age Groups now being carried on by community recreation or welfare groups were started by Women's Clubs. However, some are still being sponsored:

Sharon	-	2 Golden Age Clubs	Upper Moreland	-	1
New Kensington	-		Frankford	-	1
Hickory Township	-		Myerstown	-	1
Sharpsville	-		Beaver	-	1
West Middlesex	-		North Wales,	-	1
Stoneboro	-		assisted by		
Grove City	-		West Norriton		
Coraopolos	-	(for Women)	Royersford		
Ingram	-		Norristown		

NINETY of the clubs are giving money, voluntary service, entertainment, parties and gifts to County Homes.

3. PLANS:

Councils for the Aging;
Centers;
Workshop;
Non-profit Housing;
Survey made for housekeeping service
Orchestras - Chorus, Dramatic Groups, Crafts and other classes for Senior Citizens.

Planned ways in keeping senior citizens an integral part of their communities.

Awards will be given in Gerontology to the Club in each District having the best program for the Aging.

4. SCOPE & METHODS OF PARTICIPATION:

Programs on Gerontology - so Club members may be aware of increase in older population and what it means in both mental and physical health, housing, economics, social and spiritual life of the community;

To make studies and surveys to determine their own local needs, (alone or preferably by forming councils or committees on the Aging, bringing in all interested groups in the community);

Work toward solving the problems;

Support legislation for the improving of existing conditions;

Plan for our own future, so the number of poorly adjusted aging people will not increase.

March 1960

PENNSYLVANIA HEART ASSOCIATION, INC.
2743 N. Front St., Harrisburg, Pennsylvania

Charles T. Mears, Executive Director

1. MEMBERSHIP & AFFILIATES:

Number of Affiliates in State (includes several multi-county affiliates)	- 40
Number of Counties in which there are Affiliates	- 63
TOTAL State Membership	- 3380

2. PRESENT PROGRAMS:

a. Patient Education
b. Health Education
c. Group Counselling - pre-retirement, diet, rest and exercise activities
d. Case Finding
e. Referrals to Social Agencies
f. Diagnostic Clinics
g. Cooperation in mass X-ray screening
h. Prevention Programs
i. Home Visiting Service
j. Loan Chest for home-bound patients

3. PLANS:

Case registry and Prevention to be developed in the Philadelphia area. It will not be specifically designed for aged but will include this group. Two other agencies will cooperate on part of this project to cover five counties in the Philadelphia area.

A program is also being planned for the Cardiac farmer, which again will include a few classified as aged but will not be specifically designed for them.

March 1960

PENNSYLVANIA MEDICAL SOCIETY
230 State St., Harrisburg, Pennsylvania

Lester H. Perry, Executive Director

1. MEMBERSHIP & AFFILIATES:

Number of Affiliates in State	-	59
Number of Counties in which there are Affiliates	-	59
TOTAL State Membership	-	11,000

2. PRESENT PROGRAMS:

The Pennsylvania Medical Society is cooperating fully with the nationwide efforts of the American Medical Association to achieve sound and workable methods of meeting the health and medical needs of our older people. As physicians, the members of our State Society are concerned principally with the direct medical and health care of our older citizens. This is demonstrated in the personal medical care being given to these people.

Our Board of Trustees has announced the willingness of the Pennsylvania Medical Society to cooperate on a joint basis with other groups that hold responsible positions in the field of health care in working on the problems of the aged. At present, there is active participation in the Pennsylvania Council on Health Care of the Aged. Additional activities are being carried out with Blue Cross and Blue Shield plans and with hospital councils.

Various commissions of our Council on Scientific Advancement are active currently in studies of numerous problems including: (1) the teaching of geriatrics in medical schools; (2) the development of home care services for the chronically ill and aging; (3) the development of a statewide program to x-ray all persons over 65 years of age for tuberculosis; (4) a study to determine the major causes of death by age in various areas of our state; (5) a study of the rules and regulations for nursing homes issued by the Department of Public Welfare to determine the need of possible changes and improvements in these rules and regulations.

Other Councils in the Society are now giving intensive study to the cost of medical care, particularly as it applies to the aged. The State Society has gone on record as opposing further governmental intervention into the medical care field especially in connection with Social Security. It is felt that the voluntary approach to health insurance will provide the best medical care.

3. PLANS:

The Society is devoting all its efforts at the present time to the programs outlined in Section 2. New activities will probably be developed within the present framework.

4. SCOPE & METHODS OF PARTICIPATION:

The Pennsylvania Medical Society, its component county medical societies and its individual members throughout the State are involved in a large variety and number of organizations interested in some phases of medical and health care. Many of these groups are interested in our older citizens.

The Society is ever willing to cooperate with any legitimate organization. In all cases the State Society has taken the position that when health and medical problems are being discussed, intelligent decisions cannot be reached without information and advice from the medical doctor who may be involved in giving or supervising the medical service or therapy.

March 1960

PENNSYLVANIA MENTAL HEALTH, INC.
1601 Walnut St., Philadelphia 3, Pennsylvania

Max Silverstein, Executive Director

1. MEMBERSHIP & AFFILIATES:

Number of Affiliates in State	-	40
Number of Counties in which there are Affiliates	-	42
TOTAL State Membership	-	13,000

2. PRESENT PROGRAMS:

We are interested in the mental health problems of the aging - particularly the problem of care and treatment in institutions for the mentally ill, as well as out-patient treatment in clinics.

March 1960

PENNSYLVANIA NURSES ASSOCIATION
2515 N. Front St., Harrisburg, Pennsylvania

Miss Agnes E. M. Anderson, Executive Secretary

1. MEMBERSHIP & AFFILIATES:

Number of Affiliates in State	- 27 Districts
Number of Counties in which there are Affiliates	- All
TOTAL State Membership	- 17,000

2. PRESENT PROGRAMS:

Concerned with civic or governmental efforts as well as voluntary organizations in solving health needs of aged or aging.

3. SCOPE & METHODS OF PARTICIPATION:

Representation on Joint Council on care of Aged and Aging;
Representation on Governor's Commission on care of Aged.

March 1960

PENNSYLVANIA PUBLIC HEALTH ASSOCIATION
303 N. Second St., Harrisburg, Pennsylvania

Robert H. Conn, President

1. MEMBERSHIP & AFFILIATES:

Number of Affiliates in State	- 1 Regional - Philadelphia and surrounding counties
Number of Counties in which there are Affiliates	- 3 Sections - State-wide
TOTAL State Membership	- approx. 800

2. PRESENT PROGRAMS:

Concerned with all factors related to Public Health

3. PLANS:

a. No direct services to patients are provided;
b. Regional meeting in Philadelphia planned for May 18, 1960, to deal with administration of medical care, including special groups, as the aged;
c. NEWSLETTER will carry short notices in regard to major 'aging' activities; i.e., The White House Conference;
d. Annual Health Conference, August 14-18, 1960, will devote meeting to subjects of aging, mental health and the environment;
e. Resolution will be reproduced, or distributed from American Public Health Association, relative to medical care, financing and standards, and prevention of disease;
f. April, 1960, Workshop on program plans - aging and population explosion - will be considered;
g. Membership in Pennsylvania Health Council will be continued.

4. SCOPE & METHODS OF PARTICIPATION:

a. Regional meetings and Statewide Conferences;
b. Co-sponsorship of Annual State Health Conference in August of each year at State College;
c. NEWSLETTER with special reprints;
d. Cooperation with programs of American Public Health Assn., Pennsylvania Department of Health, Pennsylvania Health Council, Pennsylvania Welfare Forum, etc.
e. Participation or representation at State-wide meetings or hearings, as those for the aged;
f. Workshop on public health needs and programs plans and evaluation;
g. Support of Inter-agency Planning Committee summer workshops for training community leaders in current or major health subjects, i.e., 'aging' and related subjects,
h. Scholarships - speakers and lectureships - consultation - special subject sections: medical care, sanitariums, public health education - professional recruitment and standard maintenance.

March 1960

PENNSYLVANIA SOCIETY OF ARCHITECTS
240 N. Third Street
Harrisburg, Pennsylvania

1. MEMBERSHIP AND AFFILIATES:

Number of Affiliates in State	6
Number of Counties in which there are Affiliates	- 67
TOTAL State Membership	- 800

2. PRESENT PROGRAMS:

Mr. William W. Eshbach and Mr. C. Clark Zantzinger, both Philadelphia architects and members of the Pennsylvania Society of Architects, are serving as representatives to the Governor's White House Conference Committee on the Aging.

Last Fall Mr. Eshbach attended the Retional Conference in Cleveland, Ohio, and in February 1960 Mr. Zantzinger attended the Conference in Harrisburg.

3. PLANS:

a. To issue written material within a few weeks on this subject to each of our six Chapters around the State and ask them to appoint one or more local architects to offer assistance to County Chairmen in their areas.

b. Inform our Society's Legislative Committee to be alert to worthwhile legislation related to this subject and lend support to it.

c. Publish some of these data on the subject in "Charette Magazine," which has a State-wide distribution - including all registered architects, many draftsmen, State officials, etc.

d. To press for the use of Public Housing funds for rehibilitation of existing buildings where such rehabilitation would be appropriate, (measured by some pre-qualifying criteria.)

March 1960

PENNSYLVANIA STATE COUNCIL OF LIONS CLUBS
212 N. Third St., Harrisburg, Pennsylvania

Junius M. Chestnut, Executive Secretary

1. MEMBERSHIP & AFFILIATES:

Number of Affiliates in State	- 872
Number of Counties in which there are Affiliates	- All Counties
TOTAL State Membership	- 37,452

2. PRESENT PROGRAMS:

The Lions Clubs of Pennsylvania are naturally interested in any program of community betterment or assistance to any club or individual who is unfortunate enough to be handicapped either by accidents, health or natural aging.

Although specific projects cannot be set forth, we have indirect knowledge that some of the State Lions Clubs are very active in planning and working with old age groups.

3. PLANS:

While there is no planned pattern for service in the field of Aging, it is felt that if any Lions Club can contribute to the success of the program in their local community, it would be very happy to know just how it could best cooperate.

4. SCOPE & METHODS OF PARTICIPATION:

Through discretion of individual Lions Club at local level.

March 1960

PILOT INTERNATIONAL
District 16

Miss Meralda I. Brennan, Governor
15 N. Main St., Shenandoah, Pennsylvania

1. MEMBERSHIP & AFFILIATES:

Number of Affiliates in State	- 6
TOTAL State Membership	- 175-200

2. PRESENT PROGRAMS:

Pilot Club of Philadelphia has recently adopted a program in geriatrics concentrating on medical care;

Lancaster: - Perform many kind acts for the residents of two old ladies homes;

Pottsville: - Supplies refreshments for The Golden Age Club.

March 1960

THE PENNSYLVANIA SOCIETY FOR CRIPPLED
CHILDREN & ADULTS, INC.
1107 N. Front St., Harrisburg, Pennsylvania

George E. Reimer, Executive Director

1. MEMBERSHIP & AFFILIATES:

Number of Affiliates in State	- 52
Number of Counties in which there are Affiliates	- 62

2. PRESENT PROGRAMS:

While none of our societies have programs for the aging per se, the majority offer services to adults of all ages mostly care and treatment services (therapies) having to do with the chronic disabilities of old age.

3. PLANS:

Emphasis on increased care and treatment services as explained above:
Recreational camping programs open to ambulatory physically handicapped persons of all ages, (16 and above).

March 1960

THE SALVATION ARMY
725 N. Broad Street
Philadelphia 23, Pennsylvania

Lt. Colonel John Grace, Divisional Commander

1. MEMBERSHIP & AFFILIATES:

Number of Affiliates in State - 90 Corps
Total Membership
(Statistics not tabulated yet, as the State is divided into three separate divisions. This information will be forwarded when tabulated)

2. PRESENT PROGRAMS:

Every Corps Center in the State has a four-fold program - worship, education, fellowship and service--available to the aging women integrated with younger women on a weekly basis. Program material is made available to Leaders.

Many of our Centers have Golden Age Clubs for men and women:

Allentown - membership of 175. Weekly meetings are held for leisure time activities--arts and crafts, games, recreation, music, etc. This club went on a chartered bus trip to Florida this past year; also a Christmas party for them was given in one of the local department stores when each member received a gift.

Philadelphia - many Golden Age women are engaged in service projects - knitting, sewing, etc., either coming to our Centers or taking material from our Women's Service Department to their homes to occupy leisure hours in a rewarding service for 'others'. Arts and crafts - woodwork for the men - are also popular features at the Philadelphia Centers.

3. PLANS:

Questionnaire has been sent out to various centers but information is not as yet available. Each Center plans its own activities in accordance with the local needs, and the expressed interests of the Golden Agers themselves.

4. SCOPE & METHODS OF PARTICIPATION:

Recognizing the need in this field, The Salvation Army throughout the State is planning on a wider scope of service to the senior citizens, particularly in the four areas in which we are now engaged. The Salvation Army also works cooperatively with other groups in the field of the aging. For instances, in Philadelphia we prepared and had printed a Golden Age Song Book in large print for The Soroptimist Club of Roxborough who has sponsored this project as one phase of Service Objectives for 1960. They will present the books to the Golden Age Club at the Kendrick Community Center of Roxborough.

March 1960

SOROPTIMIST FEDERATION OF THE AMERICAS, INC.
North Atlantic Region
Mrs. Adelaide M. Blaetz, Governor
c/o Blaetz Brothers, Philadelphia 11, Pennsylvania

1. MEMBERSHIP & AFFILIATES:

Number of Affiliates in State	- 66
Number of Counties in which there are Affiliates	- approx. 50
TOTAL State Membership	- 3400

2. PRESENT PROGRAMS:

FEDERATION level, (higher body to which Region is affiliated), 'Second Horizons' is a phase of the Service Objectives area of activity: $25,000. was contributed to the University of Toronto for a special Study in the field of Gerontology, and a resolution passed to concurrently plan a program outline at club level to, "emphasize maturity as a period of retooling for second horizons in terms of -

fuller understanding of the citizen's role in later years,
and
education and community activities in political, social and economid development."

REGIONAL level, (State areas which includes Pennsylvania) -
Assist in research to ascertain extent of curriculum in medical colleges covering geriatricts;

Compilation here referred to in cooperation with the State;

Representation at various levels within State on Governor's Committee for White House Conference on Aging.

LOCAL level,
Sponsor Golden Age, Second Horizon or Senior Citizen Clubs: -

Ephrata	Harrisburg	Johnstown
Montour County	Phoenixville	Washington County
	Upper Perkiomen Valley	West Chester

Projects at County Homes, or Homes for Aged: -

Allentown	Bucks County	Carlisle
Lawrence County	Lebanon County	Monroe County
Pittsburgh	Roxborough	West Shore-Harrisburg

OLD CHESTER - expect to make job opportunity survey in area for over-age women;
OXFORD - give volunteer service in two nursing homes for older people;
WILKES-BARRE - provide and fit needy persons with hearing aids;
HAZLETON - supply food, clothing and drugs to Senior Citizens;
LEWISTOWN - magazine subscriptions to Golden Age Club;
PHILADELPHIA - camperships - send 10 or more senior citizens to the YMCA Camp for Older People (age 60 and over) for one or two weeks during the summer months.

Furnish remuneration for a craft teacher at the Philadelphia Center for Older People, to instruct them in weaving and the arts. This will enable many to supplement their income.

3. PLANS:

Expect to expand present programs and initiate new projects. Each Club is being urged to emphasize a 'Second Horizons' program within its community, finding the area of greatest need or originating an 'older citizen' service.

Soroptimist Clubs in Pennsylvania were forwarded listing of names of County Chairmen appointed for Governor's White House Conference Committee on Aging, urging that Chairman be contacted expressing the desire to cooperate on the local level.

4. SCOPE & METHODS OF PARTICIPATION:

FEDERATION - cooperate with 'Second Horizon' projects, as developed at Conventions, and promoted by Federation Board and Committee through the Regions;

REGION - Clubs cooperate with Region on projects as developed within Conferences, or at request of Regional Board of Directors, or Regional Service Objectives Committee.

March 1960

STATE Y.M.C.A.
907 N. Front Street
Harrisburg, Pennsylvania

W. Kent Haines, State Secretary

1. MEMBERSHIP & AFFILIATES:

Number of Affiliates in State - 25

TOTAL State Membership (same opinion as above) - approx. 4750

2. PRESENT PROGRAMS:

Clubs of Retired Persons (24)

Range in number from 63 to 384 members - average 161;
Average weekly attendance 84; meet variously - weekly, semi-monthly, and monthly.

1. Men's Groups:
   - (5) MORA Clubs (Men of Retirement Age)
   - (4) Retired Men's Club
   - (1) Senior Citizens Club
   - (1) Old Guards Club
   - (1) RARM (Regional Association of Retired Men)

2. Mixed Groups:
   - (5) Golden Age Club
   - (1) Retired Peoples Fellowship
   - (1) Retired Railroad Men's Fellowship Club
   - (1) Senior Folks Club
   - (1) County Retired Employees Club
   - (1) Senior Citizens

   Range in size - 10 men and 27 women; to 15 men and 480 women; average being 48 men and 157 women, totalling 205; average usual attendance - 96. Meet variously - weekly, semi-monthly, monthly.

Above enjoy programs, activities, education, and also participate in community services.

3. PLANS:

Make available information regarding similar groups;
Promote publicity on need for work with older citizens;
Promote an organization of these clubs: possibly set up a council-coordinate clubs, etc.

4. SCOPE & METHODS OF PARTICIPATION:

THROUGH recognition of need to provide facilities for such organizations, program opportunities, etc., and cooperation with existing clubs.

An organization of all these YMCA-related groups for retired persons will be formed at our State YMCA Convention this Spring. Its name, establishment of offices, etc., will be determined at that time.

March 1960

UNITED CHURCH WOMEN OF PENNSYLVANIA
Pennsylvania Council of Churches
2403 N. Front St., Harrisburg, Pennsylvania

Miss Eleanor Peterson, Executive Secretary

1. MEMBERSHIP & AFFILIATES:

Number of Affiliates in State - 144
Number of Counties in which there are Affiliates - 55
TOTAL State Membership - Women's organizations of more than 2400 churches

2. PRESENT PROGRAMS:

Friends, Philadelphia Yearly Meeting: Operates facilities to care for ill; committees work in groups for giving employment and free-time activities to aging;
Bellefonte United Church Women: Provides some extra services to County Home--i.e., weekly newspapers, TV sets, worship center;
Meadville UCW: Provides activities, gifts at County Home;
Bradford, McKeesport UCWs: Provide entertainment, refreshments, for the Golden Age Clubs which meet bi-weekly or monthly in a community center; also Mechanicsburg UCW has a similar program with the Council of Churches;
Lebanon UCW: Has an annual picnic and program for aging citizens;
Lancaster UCW: Has assisted in a survey of housing in cooperation with the Redevelopment Authority; also has bi-monthly program at county home when groups provide a simple thing to make and take a treat;
Philadelphia UCW: Working through Council's Department of Community Services, works largely as an informational and referral agency. Worked on location of golden age groups and discovered need for expanding groups.
Smethport UCW: Send visitors from churches to county home and take a party for the women; also visit nursing home for aged in community.
Erie UCW: Hold World Day of Prayer, World Community Day and May Fellowship Day services in the Old Folks Home; hold World Day of Prayer Service in Sarah Reed Ladies Home and the Lutheran Home for the Aged, Erie.

3. PLANS:

The State Department of United Church Women plans to send information to all the councils of United Church Women concerning the Governor's Committee on the Aging and forthcoming White House Conference, as well as a listing of the county coordinators--urging council leaders to offer assistance and interest in study-action through the county survey programs. The State Department plans to cooperate with State officials of government and other interested agencies in whatever plans are made wherein there is relationship and responsibility.

Lancaster has pledged support to help where needed in redevelopment plans, health and welfare progress. Continues county home project.

From all indications, councils listed in #2 plan to continue current programs.

4. SCOPE & METHODS OF PARTICIPATION

Some Councils indicated that individual churches have programs of active Home Departments including visitation, literature, social affairs.

The following councils indicated that they would welcome suggestions and guides for programs which could be coordinated or executed by their organizations: Smethport, Harrisburg, Bethlehem, Erie.

Two Councils indicated that they had already been approached to cooperate in the County Committee Survey for Aging:

Bradford (McKean County) and Beaver County in cooperation with the Mental Health Assn.

March 1960

VETERANS OF FOREIGN WARS
Department of Pennsylvania
201 N. Front Street
Harrisburg, Pennsylvania

John J. Piparato, Commander

1. MEMBERSHIP & AFFILIATES:

Number of Affiliates in State	-	683
Number of Counties in which there are affiliates	-	66
TOTAL State Membership	-	150,000

2. PRESENT PROGRAMS:

VA Hospital and Medical Program-
Conduct of surveys of facilities-

1. Recommendation designed to provide adequate care facilities for chronically ill aged veterans during next several decades.

2. Planning for the care of aged citizens (veterans).

3. Promotion of appropriate legislation increasing VA facilities in caring for aged veterans.

3. PLANS:

1. Recommendation to Congress for legislation authorizing "out-patient treatment, including home-town care, for all non-service connected war veterans (thus enabling many indigent aged veterans to receive necessary treatment on an out-patient basis)."

2. Recommendation to Congress that it "authorize construction, as needed, of an adequate number of proper facilities for long-term care on the physical grounds of selected existing VA hospitals." believing that vacant sections of several existing facilities could be converted for long-term care of aged chronically ill veterans to partially meet the immediate needs."

3. Propose a survey aimed to submit a list of all facilities available for conversion.

4. Recommendation that the "expanded intermediate or long-term care program be separately identified and should not be charged to the present 125,000 bed ceiling."

4. SCOPE & METHODS OF PARTICIPATION:

Cooperating as a State organization with the National organization in its program relating to the problems of the Aging.

March 1960

VOLUNTEERS OF AMERICA
Col. Alfred F. Smith
Area Commander
Box 805, Erie, Pennsylvania

1. MEMBERSHIP & AFFILIATES:

Number of Affiliates in State	- 6
Number of Counties in which there are Affiliates	- 6

2. PRESENT PROGRAMS:

Gospel Mission work.

Services for Aged - parties, social evenings, refreshments served, musical programs, radio and television.

Employment given to aged and handicapped in our Industrial Department.

Communities in which organization is conducting programs for the Aging -

Philadelphia	-	Harrisburg
Allentown	-	Easton
Pittsburgh	-	Erie

March 1960

1961 White House Conference on Aging

PRELIMINARY
FACTUAL DATA

Document No.3

GOVERNOR'S WHITE HOUSE CONFERENCE COMMITTEE ON AGING
ROOM 316, HEALTH & WELFARE BUILDING, HARRISBURG, PENNA.

The material in this report has been collected and edited by the staff of the Office for the Aging, Department of Public Welfare. The staff has had the full cooperation of the Interdepartmental Resources Committee.

PREFACE

The data presented in this report represents material centrally collected by various state agencies. It does not purport to be a summarization of the material in the county reports which have been prepared by County Committees on Aging in over 50 counties. It is an extension of basic statistical and factual material, some of which appeared in the Pennsylvania Guide for County Surveys. Insofar as possible it contains comparable data for the several counties and statewide averages and totals. It is the most complete collection of such material brought together on a statewide basis in Pennsylvania to date.

However, it represents the skeleton of facts and figures which will take on meaning and form as the county reports of findings in the boroughs, villages, towns and cities of our Commonwealth are summarized, analyzed, and studied. It has purpose and use as a handbook of statewide data. It readily points up the need for better information at some central point in important areas. Hopefully, it will provide help and information to those seeking comprehension of the broad picture in our state. It cannot substitute for findings derived from the intensive inquiry of an interested citizenry in its home community.

Ruth Grigg Horting
Chairman
Governor's White House Conference Committee
on Aging

TABLE of CONTENTS

THE COMMONWEALTH OF PENNSYLVANIA

A PROFILE

Pennsylvania, one of the 13 original states, is in the Middle Atlantic group and extends from the Atlantic seaboard on the east to the Ohio River Valley on the west. Topographically, the state is varied--the northern and western parts, a dissected plateau of 2,000 feet above sea level in the north and decreasing to about 1,200 feet south of Pittsburgh. From the south central boundary, a broad belt of alternating wide valleys and narrow mountains extends across the center of the state toward the northeast corner. East of this belt is the broad Cumberland-Lebanon-Lehigh Valley bounded on the east by discontinuous mountains and lowlands of irregular form and by a deeply dissected plateau of moderate height that decreases in elevation to the Delaware River. The state is well served by rivers and now has an additional ocean port on Lake Erie.

Over 45,000 square miles in area, the state ranks thirty-third in size in the Union. The state is characterized by a variety in its economy, its population dispersion, and as noted above, its topography. It has a rich, historical heritage which spans the growth of America from the earliest days when settlers poured into the Cumberland Gap to Fort Pitt and beyond, to the present nuclear age.

A historical birthplace of liberty and independence, it has a tradition of service to people dating from the founding of William Penn's colony through the first hospitals, fire companies, and other basic services now common in thousands of American communities. The raw facts about Pennsylvania's aged population must be viewed within the over-all framework.

Pennsylvania is a great agricultural and industrial state. Although Pennsylvania ranks thirty-third in total area and thirty-third in acres in farm production, it ranks fourteenth among all the states in 1957 in cash receipts from farm products. Working primarily family-size farms, more wheat is produced per acre in Pennsylvania than in Kansas, Oklahoma, or any other midwest wheat belt state.

Pennsylvania leads all other states in the production of ice cream, mushrooms, cigar leaf tobacco, sausage products, scrapple, pretzels, and in the value of crops grown under glass. In dairy farming, Pennsylvania ranked fourth in 1956 in income from dairy products and in value of milk cows. The Commonwealth is a leader among the states in poultry and eggs, ranking first in 1956 in farm cash income from chickens except broilers; second in income from eggs; second in total farm cash income from poultry and eggs; and fourth in the number of farm chickens produced. The importance of the state's livestock and poultry industry is emphasized in the fact that 77 per cent of all gross farm income is derived from the sale of livestock and poultry and their products, including milk and eggs.

Rich in natural resources, Pennsylvania ranks second in the nation in the production of coal products: practically all of the anthracite mined in the United States, and from 85 to 100 million tons of bituminous coal. The site of the first well ever drilled for oil, there are over 76,000 producing oil wells in the Commonwealth. Other natural resources in value of annual production are cement, stone, sand and gravel, lime and clay. Of increasing importance is cobalt, used in the making of jet engines and powerful magnets and which has one of its major sources within Pennsylvania.

The state's industries produce in excess of $22 billion worth of goods annually in almost 19,000 plants employing over a million and a half people, or 9.1 per cent of the national total engaged in manufacturing. Total non-farm employment was estimated for June of 1960 at 4,174,800. Leading industries in Pennsylvania are metal and metal products, textiles and textile products, food and kindred products. Pennsylvania's steel capacity in 1957 was 26.8 per cent of the United States total and exceeded that of any other state by more than 10 million tons. The scene of substantial industrial expansion and a leader in the attraction of new industry, the 1956-57 period saw 790 new manufacturing and other plant and plant expansion projects announced which upon completion of construction resulted in the creation of 45,000 new factory jobs. The diversity of manufactured products in the state may be illustrated by the following statistics from 1954: Coke, 440,282 tons; hoisery, 1.8 million dozen pairs; kerosene, 819 million gallons; boots and shoes, 57 million pairs; rubber tires, 10 million units; caps, 966,000 dozen; and building bricks, 619 million.

The people of Pennsylvania are its greatest resource. The colonial heritage and the early English settlements have been enriched by the waves of migration which came from all over the European continent to settle in Pennsylvania, some to develop the lush farms in what is known as the Pennsylvania Dutch country, others to build the railroads and work the mines, to make our steel mills the greatest in the world, and to settle the cities, towns, and villages of our state.

Following a national trend, the people of Pennsylvania have moved more and more to areas of higher population densities. Of the 11 million persons in our state, more than 6 million live in the 9 counties classified as greater metropolitan areas which comprise the Philadelphia and Pittsburgh complexes. An additional 2 3/4 million live in lesser metropolitan areas into which grouping 13 counties fall. Only 20 counties with a population of 647,000 are classified as rural counties, and of those only 5 are counties which have no incorporated community of 2,500 or more. The remaining 25 counties are classified as lesser metropolitan areas and are adjacent to metropolitan counties. These 25 counties have a total population of over 1,800,000.

Against a long heritage, a varied topography, and a complex economy, the needs, resources, demography, and nature of our older population must be measured.

BASIC POPULATION DATA

State Total Population - Total and Advanced Age Groups
Actual 1930, 1940 and 1950, and Estimated 1959 and 1970

	Total Population	Population Aged 45 and over (000)				
		Total		Number Aged		
		Number	Per Cent of Total Population	45-54	55-64	65 and Over
1930	9,631	2,216	23.0%	1,034	674	508
1940	9,900	2,696	27.2	1,197	822	677
1950	10,498	3,113	29.7	1,238	988	887
1959 1/	11,263	3,465	30.8	1,377	1,027	1,061
1970 1/	12,219	4,006	32.8	1,536	1,156	1,314

1/ Estimates of population as of 1960 and 1970, by age group, were prepared by the Government Consulting Service of the Institute of Local and State Government, University of Pennsylvania, for the Commissioner of Mental Health, Pennsylvania Department of Public Welfare, November 1958. The 1959 estimate shown here is an interpolation from 1950 U. S. Census data and the Consulting Services estimate for 1960.

TOTAL POPULATION AND POPULATION IN THREE ADVANCED AGE GROUPS: 45-54, 55-64, AND 65 AND OVER
ACTUAL FOR 1950 AND ESTIMATED FOR 1959[1/]

BY COUNTY

County	Total		Ages 45-54		Ages 55-64		Ages 65 and Over	
	1950	1959	1950	1959	1950	1959	1950	1959
STATE TOTAL	10,498,012	11,263,060	1,238,114	1,376,780	988.493	1,027,270	886,825	1,061,390
Adams	44,197	49,030	4,601	5,210	3,597	3,800	4,167	5,050
Allegheny	1,515,237	1,613,000	183,723	203,300	144,858	150,100	118,063	141,500
Armstrong	80,842	79,650	8,304	8,870	6,781	6,760	7,013	8,050
Beaver	175,192	202,900	19,126	22,140	15,870	17,150	11,840	14,950
Bedford	40,775	41,540	4,061	4,410	3,526	3,570	3,645	4,250
Berks	255,740	277,700	32,864	36,700	26,700	27,980	24,375	29,190
Blair	139,514	133,400	16,685	17,530	13,967	13,750	13,683	15,390
Bradford	51,722	51,040	5,497	5,870	5,013	5,010	5,916	6,720
Bucks	144,620	305,700	15,898	26,280	13,054	20,150	11,978	21,330
Butler	97,320	106,500	9,948	11,200	8,529	8,950	9,010	10.850
Cambria	209,541	207,300	20,855	22,340	18,552	18,520	15,382	17,840
Cameron	7,023	8,600	663	790	516	580	591	760
Carbon	57,558	54,240	6,813	7,110	6,122	5,990	4,782	5,390
Centre	65,922	73,600	5,926	6,760	4,387	4,630	4,689	5,790
Chester	159,141	199,700	17,562	21,210	14,149	15,950	13,593	17,650
Clarion	38,344	35,470	3,905	4,050	3,154	3,050	3,683	4,090
Clearfield	85,957	80,540	8,812	9,190	7,316	7,120	7,879	8,810
Clinton	36,532	38,050	3,873	4,250	3,067	3,140	3,209	3,780
Columbia	53,460	54,680	5,712	6,210	4,974	5,050	5,401	6,270
Crawford	78,948	76,060	8,128	8,590	7,104	6,670	8,130	9,160
Cumberland	94,457	110,300	10,400	12,090	8,115	8,800	7,971	9,970
Dauphin	197,784	212,400	24,175	26,860	19,392	20,190	17,994	21,480
Delaware	414,234	544,400	52,948	65,380	36,583	42,270	28,765	38,790
Elk	34,503	35,530	3,600	3,930	2,919	2,970	2,903	3,410
Erie	219,388	239,200	24,147	27,090	20,183	21,150	18,217	22,010
Fayette	189,899	173,300	19,676	20,280	16,854	16,210	15,155	16,840
Forest	4,944	4,860	566	600	416	420	573	650
Franklin	75,927	80,150	8,151	9,000	6,294	6,480	6,860	8,120
Fulton	10,387	10,180	1,055	1,120	809	810	911	1,050
Greene	45,394	41,130	4,555	4,680	3,857	3,700	3,925	4,330
Huntingdon	40,872	37,400	4,275	4,410	3,294	3,170	3,471	3,850
Indiana	77,106	69,660	7,334	7,530	6,528	6,250	6,649	7,330
Jefferson	49,147	45,500	5,106	5,290	4,429	4,290	5,179	5,730
Juniata	15,243	14,820	1,565	1,660	1,307	1,300	1,381	1,570
Lackawanna	257,396	240,900	31,610	32,870	26,402	25,740	22,681	25,380
Lancaster	234,717	258,700	26,394	29,770	20,702	21,800	22,606	27,260
Lawrence	105,120	108,400	11,032	12,040	9,807	10,000	9,128	10,710
Lebanon	81,683	88,520	8,901	9,960	7,182	7,500	7,136	8,580
Lehigh	198,207	233,900	24,339	28,390	20,216	22,110	17,243	21,650
Luzerne	392,241	355,400	46,851	48,010	37,974	36,440	30,212	33,520
Lycoming	101,249	110,600	12,012	13,460	9,979	10,480	10,417	12,470
McKean	56,607	54,200	6,791	7,140	4,931	4,850	5,244	5,920
Mercer	111,954	125,900	11,988	13,670	10,058	10,700	10,416	12,710
Mifflin	43,691	42,490	4,782	5,070	3,438	3,400	3,171	3,650
Monroe	33,773	40,360	4,241	4,970	3,305	3,640	3,517	4,410
Montgomery	353,068	480,700	45,254	56,990	34,436	40,650	30,967	41,980
Montour	16,001	15,800	1,958	2,080	1,810	1,820	1,997	2,260
Northampton	185,243	201,300	20,839	23,330	18,288	19,160	15,496	18,690
Northumberland	117,115	104,400	13,891	14,130	11,063	10,540	9,982	10,940
Perry	24,782	25,160	2,538	2,740	2,144	2,170	2,281	2,650
Philadelphia	2,071,605	2,129,000	270,057	293,400	203,457	207,300	171,242	201,000
Pike	8,425	9,910	1,212	1,400	1,029	1,130	1,129	1,390
Potter	16,810	15,620	1,680	1,740	1,672	1,630	2,077	2,290
Schuylkill	200,577	183,900	24,203	24,940	19,862	19,170	15,960	17,780
Snyder	22,912	26,380	2,344	2,700	1,901	2,050	2,040	2,530
Somerset	81,813	76,520	7,976	8,320	7,248	7,050	7,322	8,190
Sullivan	6,745	6,120	703	720	576	560	783	860
Susquehanna	31,970	30,750	3,330	3,510	3,121	3,080	3,564	4,000
Tioga	35,474	35,400	3,568	3,830	3,278	3,290	3,873	4,430
Union	23,150	23,240	2,238	2,410	1,809	1,820	2,133	2,470
Venango	65,328	63,510	7,189	7,620	5,926	5,870	6,491	7,360
Warren	42,698	44,800	5,170	5,680	4,590	4,730	5,257	6,130
Washington	209,628	210,000	21,805	23,480	19,453	19,560	17,337	20,100
Wayne	28,478	28,640	3,456	3,720	3,137	3,170	3,497	4,000
Westmoreland	313,179	337,600	33,302	37,170	27,701	28,860	24,745	29,810
Wyoming	16,766	16,610	1,721	1,840	1,568	1,570	1,866	2,130
York	202,737	230,800	24,230	27,750	18,214	19,500	18,032	22,190

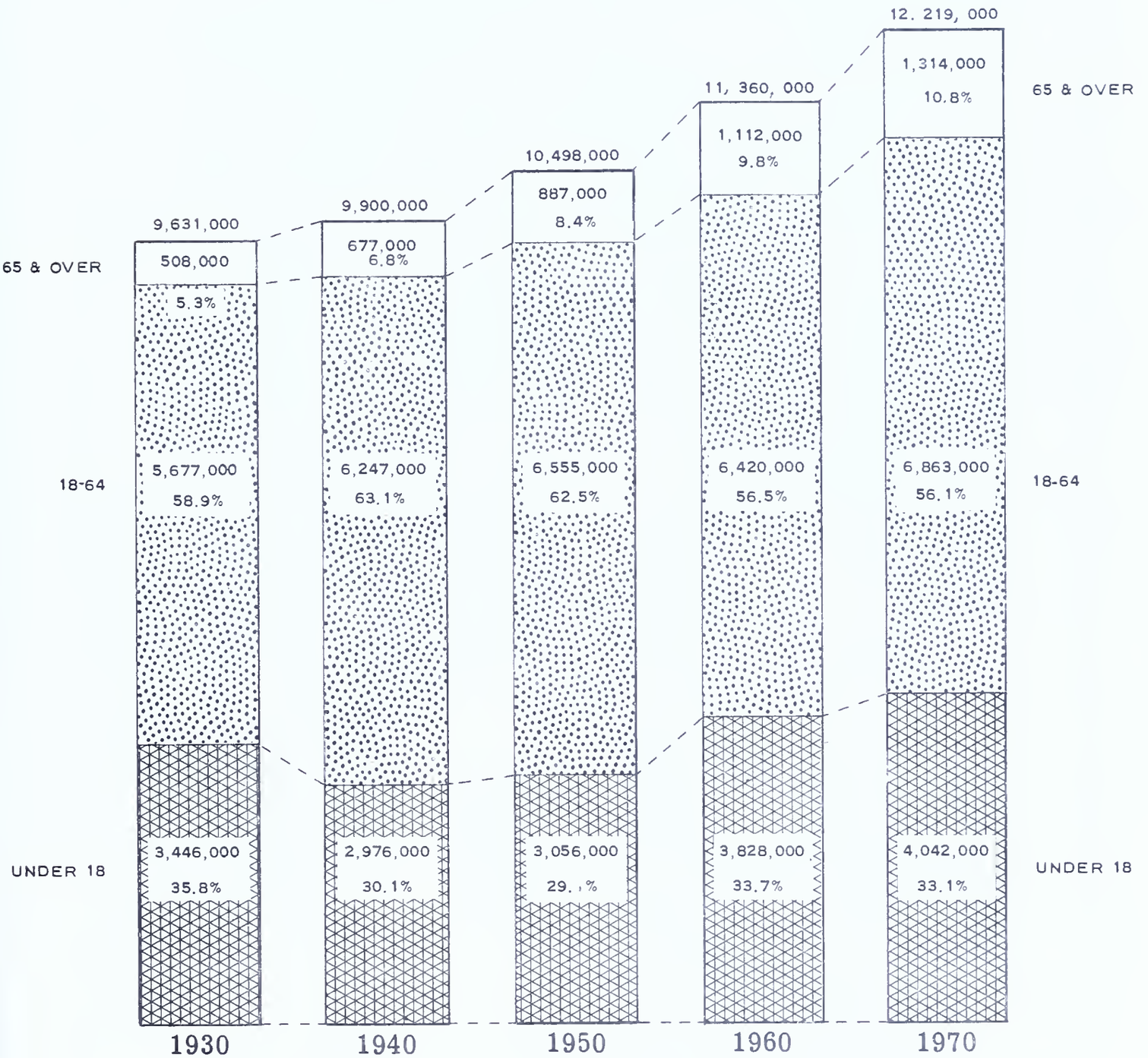
1/ State Totals shown in Table 1 distributed among counties by Office of Program Research and Statistics, Department of Public Welfare.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

PREPARED BY: OFFICE OF
PROGRAM RESEARCH & STATISTICS
APRIL 1, 1959

Population Increases in Pennsylvania, by Age Groups

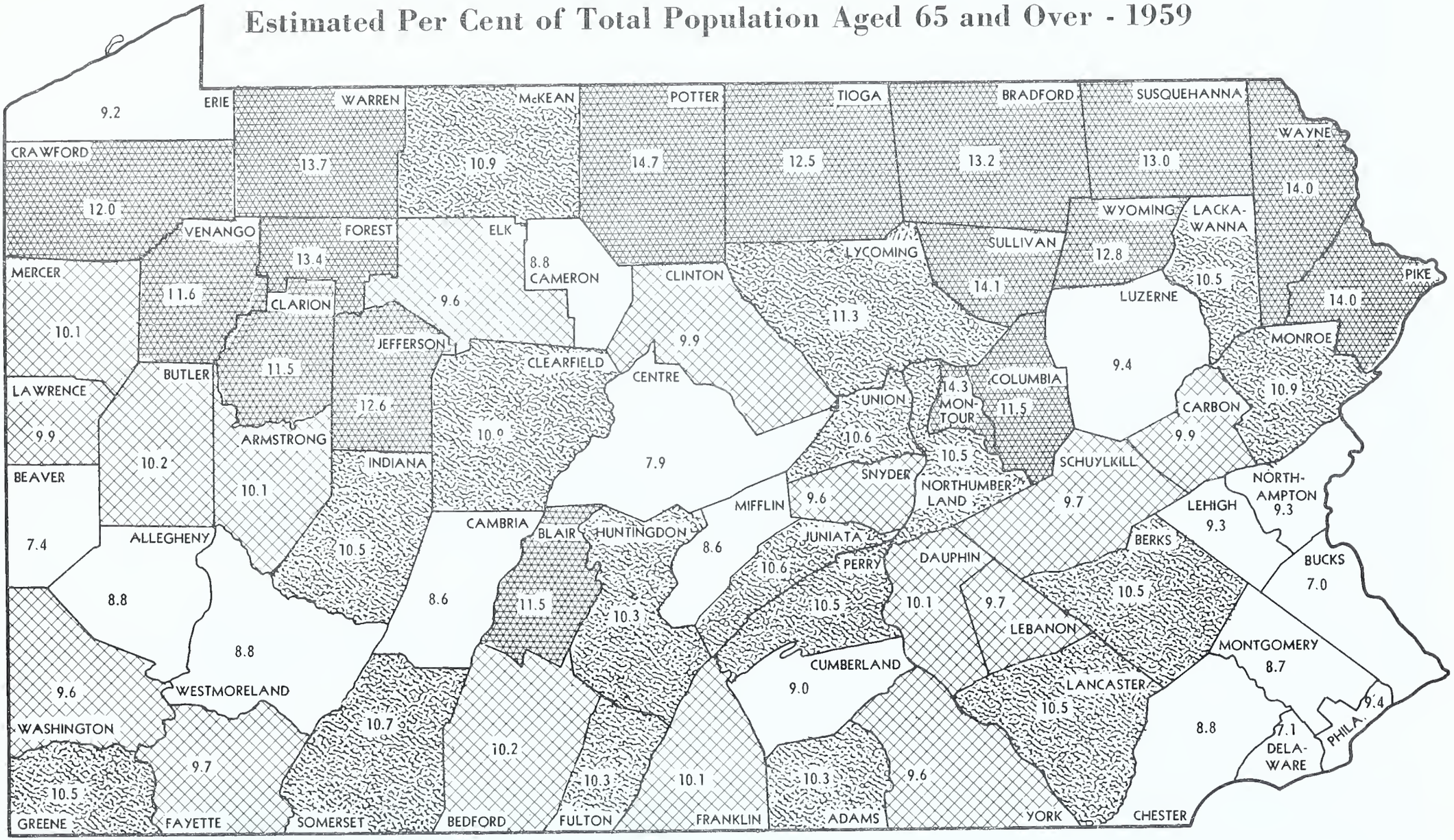
1930 - 1970



1930, 1940, 1950: U.S. CENSUS REPORTS

1960, 1970: ESTIMATES BY U.S. BUREAU OF THE CENSUS. MIDPOINT BETWEEN HIGHEST AND LOWEST OF FOUR PROJECTIONS, BASED ON VARIOUS ASSUMPTIONS REGARDING BIRTHRATE, MORTALITY, AND MIGRATION

Estimated Per Cent of Total Population Aged 65 and Over - 1959



7.0% - 9.4% 17 Counties

9.5% - 10.2% 16 Counties

10.3% - 11.3% 17 Counties

11.4% - 14.7% 17 Counties

STATE AVERAGE 9.4%

INCOME MAINTENANCE

Available data on income maintenance is limited to Old Age Assistance materials, Old Age and Survivors' Insurance, and Employment Service activity. In the absence of income studies which inquire into income from sources other than pensions, old age assistance, and employment, we can reach a limited number of conclusions. These may include such factors as the following:

(1) Those persons receiving old age assistance have extremely limited assets, and less than a subsistance income from sources other than public assistance.

(2) Those receiving Old Age and Survivors' Insurance have earned incomes of less than 1200 per year to supplement their OASI benefit.

The greatest single factor affecting the retirement income of older persons in Pennsylvania as well as the entire nation is the availability of Old Age and Survivors' Insurance. Coverage has been extended to include virtually all in the labor force, and benefits are currently being paid to a majority of the senior citizens of the Commonwealth.

Percentage Distribution of Old-Age Insurance (OASI) Benefit

Payments in Pennsylvania by Amount of Benefit

February, 1959

Amount of Benefit	Per Cent of Total Beneficiaries
$ 26.40 - 32.90	1.4
33.00	8.5
33.10 - 44.90	6.7
45.00 - 59.90	12.6
60.00 - 74.90	18.6
75.00 - 89.90	18.1
90.00 - 104.90	13.1
105.00 - 115.90	13.4
116.00	7.6

Source: Report by
U. S. Department of Health, Education, and Welfare
Social Security Administration
Bureau of Old-Age and Survivors' Insurance
Division of Program Analysis
Actual Branch
September, 1959

OLD-AGE, SURVIVORS, AND DISABILITY INSURANCE
NUMBER OF AGED BENEFICIARIES IN CURRENT-PAYMENT STATUS AS OF FEBRUARY 28, 1959

By Type of Benefit

County	Total	Type of Benefit			
		Old-Age	Wife's or Husband's	Widow's or Widower's	Parent's
STATE TOTAL	764,543	493,730	149,754	118,314	2,745
Average Monthly Benefit	$65.99	$75.75	$40.85	$57.24	$59.71
Adams	3,360	2,432	612	311	- 5
Allegheny	103,911	64,479	20,856	18,137	439
Armstrong	6,152	3,675	1,522	931	24
Beaver	11,653	6,972	2,632	1,991	58
Bedford	2,634	1,694	652	281	7
Berks	20,621	14,307	3,507	2,778	29
Blair	6,481	4,468	1,217	772	24
Bradford	3,453	2,370	748	330	5
Bucks	12,052	8,104	2,188	1,781	19
Butler	8,004	4,857	1,971	1,151	25
Cambria	14,818	8,673	3,411	2,669	65
Cameron	364	269	53	39	3
Carbon	4,289	2,519	940	816	14
Centre	3,488	2,213	781	483	11
Chester	10,363	6,823	1,966	1,541	33
Clarion	3,021	1,845	798	366	12
Clearfield	5,950	3,658	1,400	858	34
Clinton	2,038	1,339	403	291	5
Columbia	4,759	2,938	1,070	744	7
Crawford	5,852	3,885	1,241	715	11
Cumberland	6,296	4,229	1,158	893	16
Dauphin	13,261	9,043	2,289	1,884	45
Delaware	29,215	18,317	5,384	5,423	91
Elk	2,446	1,551	509	379	7
Erie	17,118	11,232	3,246	2,595	45
Fayette	14,353	8,610	3,506	2,154	83
Forest	470	306	111	50	3
Franklin	4,997	3,332	984	664	17
Fulton	547	364	128	53	2
Greene	3,484	2,147	896	430	11
Huntingdon	2,338	1,507	482	341	8
Indiana	5,753	3,534	1,472	731	16
Jefferson	3,908	2,437	985	475	11
Juniata	1,185	761	262	157	5
Lackawanna	18,351	11,598	3,503	3,117	133
Lancaster	19,464	13,259	3,588	2,576	41
Lawrence	8,237	5,010	1,929	1,274	24
Lebanon	6,134	4,106	1,114	904	10
Lehigh	14,849	9,789	2,784	2,247	29
Luzerne	27,796	16,517	5,580	5,513	186
Lycoming	8,354	5,648	1,590	1,099	17
McKean	4,479	2,975	871	616	17
Mercer	8,633	5,198	2,036	1,379	20
Mifflin	2,647	1,661	561	417	8
Monroe	2,904	1,972	549	375	8
Montgomery	29,952	19,417	5,425	5,048	62
Montour	1,058	691	217	149	1
Northampton	16,427	10,453	3,178	2,753	43
Northumberland	8,160	5,168	1,591	1,360	41
Perry	1,519	1,009	356	148	6
Philadelphia	144,655	99,969	22,873	21,363	450
Pike	871	605	187	78	1
Potter	1,426	981	297	144	4
Schuylkill	13,336	8,254	2,532	2,448	102
Snyder	1,541	1,033	341	164	3
Somerset	6,244	3,770	1,560	886	28
Sullivan	523	352	111	58	2
Susquehanna	2,268	1,500	524	227	17
Tioga	2,715	1,802	599	310	4
Union	1,652	1,125	327	199	1
Venango	5,083	3,109	1,159	800	15
Warren	3,752	2,452	776	514	10
Washington	15,788	9,453	3,826	2,441	68
Wayne	2,547	1,778	507	256	6
Westmoreland	23,287	13,943	5,558	3,682	104
Wyoming	1,523	1,017	359	142	5
York	16,689	11,509	2,941	2,218	21
Not Specified	3,045	1,757	1,025	195	68

Old Age Assistance

Old Age Assistance is a state government program of financial aid and other services to help older people who do not have the usual means of self support maintain a decent and healthful standard of living. It is granted to residents of Pennsylvania who are 65 years of age or over and who do not reside in public institutions, and who meet the eligibility requirements. In general, with the exception of a certain amount of life insurance with a specified cash value, a recipient of Old Age Assistance to be eligible can have virtually no liquid assets. If he owns real property, the Commonwealth secures a lien on such property. If financially responsible relatives have resources deemed sufficient to aid in the support of the recipient, this affects eligibility. Public Assistance for the Aged in Pennsylvania is based upon financial need in every sense of the word.

Prior to December 1958, however, the grant made to Old Age Assistance recipients was actually less than the cost of items in the standard for Public Assistance for which cash allowances are made. At that time, maximum grant allowances were increased to meet that standard, and materially improved the grant picture in Old Age Assistance as noted in the table below. Maximum allowances in each county along with average grants are shown in the following table.

STATE-WIDE AVERAGE MAXIMUM TOTAL ALLOWANCE AND COST AT THE PUBLIC ASSISTANCE STANDARD FOR PERSONS RECEIVING OLD AGE ASSISTANCE

Number of Persons	Average Maximum Allowance		Average 1/ Cost	
	Prior to December 1958	Effective December 1958	December 1958	December 1959
1	$64.40	$96.50	$98.00	$96.00
2	$96.20	$144.50	$148.00	$145.00

1/ Represents the cost of items in the public assistance standard for which cash allowances are made.

NUMBER AND MONTHLY AMOUNT OF OLD-AGE INSURANCE (OASDI) BENEFITS IN CURRENT PAYMENT STATUS IN PENNSYLVANIA AND NUMBER OF CASES RECEIVING OLD-AGE ASSISTANCE AND MONTHLY AMOUNT OF CASH GRANTS

	OASDI Old-Age Insurance		Old-Age Assistance	
	No. Beneficiaries	Monthly Amount	No. Cases	Monthly Grants
December 1952	336,565	$15,497,000.	67,989	$2,908,000.
December 1953	397,422	18,895,000.	61,300	2,6[illegible] 000.
December 1954	457,792	25,187,000.	58,210	2,539,000.
December 1955	528,306	30,395,000.	54,307	2,393,000.
December 1956	607,118	35,372,000.	51,542	2,415,000.
December 1957	689,202	40,997,000.	49,208	2,289,000.
February 1959	764,543	50,454,000.	48,934	3,194,000.

CASH PAYMENTS TO RECIPIENTS OF OLD-AGE ASSISTANCE AND BLIND PENSIONS
IN JUNE, 1960

	Old-Age Assistance				Blind Pensions	
STATE	Maximum Allowance for 1 Person $	Ave. Monthly Cash Grant Pay Recipient 1/ $	Average Number of Recipients 1/	Total Expenditures for Grants	Number of Recipients 2/	Total Expenditures for Grants
		64.93	49,506	$3,214,419	17,721	$1,253,256
1. Adams	94.80	63.50	199	12,637	97	6,92[illegible]
2. Allegheny	99.[illegible]0	65.61	7,272	477,120	1,635	114,435
3. Armstrong	91.[illegible]0	53.5[illegible]	310	16,586	171	11,9[illegible]4
4. Beaver	96.60	61.60	370	22,791	263	19,[illegible]82
5. Bedford	91.00	60.23	396	23,852	101	7,286
6. Berks	98.80	60.21	1,034	62,261	363	26,338
7. Blair	91.40	65.89	750	49,416	276	19,895
8. Bradford	91.80	64.05	512	32,794	187	13,142
9. Bucks	102.80	61.83	303	18,734	172	11,451
10. Butler	92.00	66.30	393	26,055	158	10,989
11. Cambria	91.40	58.37	890	51,946	373	26,107
12. Cameron	88.00	63.62	29	1,845	7	490
13. Carbon	90.80	56.54	158	8,933	182	14,883
14. Centre	87.40	55.41	274	15,182	93	6,650
15. Chester	102.80	65.91	469	30,913	225	15,664
16. Clarion	88.00	54.42	185	10,063	90	6,300
17. Clearfield	91.00	53.11	564	29,956	229	15,470
18. Clinton	87.40	60.35	211	12,734	66	4,521
19. Columbia	94.40	69.18	298	20,616	114	8,198
20. Crawford	94.00	60.05	448	26,903	169	11,884
21. Cumberland	101.80	60.91	292	17,784	125	8,787
22. Dauphin	98.40	61.71	711	43,876	322	23,109
23. Delaware	99.80	69.96	901	63,031	422	29,[illegible]86
24. Elk	88.00	47.83	86	4,113	93	6,440
25. Erie	101.00	65.37	937	61,252	338	24,577
26. Fayette	91.00	57.87	1,290	74,655	494	34,544
27. Forest	88.00	48.51	16	776	18	1,26[illegible]
28. Franklin	94.80	58.15	231	13,434	139	9,502
29. Fulton	87.00	56.65	86	4,872	33	2,529
30. Greene	91.00	57.12	268	15,308	240	17,341
31. Huntingdon	91.40	60.81	316	19,216	103	7,210
32. Indiana	91.00	59.97	472	28,307	226	16,303
33. Jefferson	87.00	63.22	347	21,938	160	11,352
34. Juniata	90.80	56.19	110	6,181	44	2,940
35. Lackawanna	90.40	64.98	1,954	126,980	920	66,531
36. Lancaster	101.80	66.66	776	51,726	298	21,346
37. Lawrence	96.60	64.90	406	26,350	239	17,463
38. Lebanon	101.40	63.20	186	11,755	138	9,742
39. Lehigh	94.80	66.56	517	34,411	205	14,685
40. Luzerne	90.40	61.83	2,247	138,925	870	61,296
41. Lycoming	99.80	63.04	701	44,188	324	23,681
42. McKean	98.00	59.53	288	17,146	170	11,690
43. Mercer	96.60	60.51	411	24,871	238	16,971
44. Mifflin	94.80	59.61	241	14,367	101	6,960
45. Monroe	101.80	61.57	184	11,329	60	4,203
46. Montgomery	102.80	67.27	724	48,704	319	22,890
47. Montour	94.80	53.93	114	6,148	41	2,730
48. Northampton	94.80	61.68	508	31,332	234	17,345
49. Northumberland	90.80	60.26	694	41,821	385	27,438
50. Perry	90.00	67.03	162	10,859	56	2,681
51. Philadelphia	102.80	72.33	11,848	856,920	2,409	169,848
52. Pike	91.80	63.89	58	3,705	9	630
53. Potter	88.20	55.25	210	11,604	60	4,102
54. Schuylkill	90.40	60.59	1,181	71,553	453	31,711
55. Snyder	91.80	72.61	206	14,957	41	3,011
56. Somerset	87.00	57.70	584	33,699	224	15,669
57. Sullivan	91.80	58.57	73	4,276	24	1,63[illegible]
58. Susquehanna	91.80	64.09	306	19,613	128	9,060
59. Tioga	88.20	62.70	368	23,074	121	8,690
60. Union	91.80	71.16	194	13,804	56	3,965
61. Venango	96.60	66.87	286	19,126	160	11,442
62. Warren	88.20	52.12	50	2,606	65	4,760
63. Washington	88.00	58.60	846	49,577	658	47,931
64. Wayne	91.80	71.44	244	17,431	115	8,793
65. Westmoreland	91.40	56.08	1,063	59,610	569	39,576
66. Wyoming	90.80	67.55	226	15,265	60	4,595
67. York	94.80	58.63	522	30,602	275	20,044

1/ Persons aged 65 and over. An OAA case may include one or more relatives or other persons under 65. The average case size is 1.04 persons.

2/ Approximately 70% of the BP recipients are aged 65 and over.

EMPLOYMENT OF OLDER WORKERS

Older workers were placed in employment in record numbers during June, 1960, by local offices of the Pennsylvania State Employment Service. The total number placed was 6,114, the highest for any month for which we have records. (The records go back five years.) This record was achieved through a combination of two factors: Steadily increasing placements for all workers as employment continues to rise; and a relatively higher percentage of all placements are in the older worker class. Actually, 24.1 per cent of all placements were older workers in June. This is the best percentage for any June on record, and is surpassed by only one other month, April, 1958. The index of placements of older workers rose in June to its highest point of the year, 63, which is five points higher than the 58 recorded in May. This figure is exceeded by three other months, including June of 1958, when the index reached 67. Last June, the index fell to 48.

In addition to setting new records for an individual month, Pennsylvania established new highs in placements of older workers for the first six months of the year. In the first six months of 1960, 29,434 older workers were placed in employment as compared with 26,102 in the first six months of 1959, and 23,401 in the comparable period for 1958. The percentage of all placements who were over 45 years of age in the first six months was 22.9 per cent, which was greater than any other six-month period with the exception of 1958, when the percentage was 23.7. Similarly, the Advisory Board index for the first six months was 69, higher than for the first six months of any other year than 1958, when the index soared to 75.

A special pilot placement project in Philadelphia in the midst of the 1958 recession accounted for a disproportionately high percentage of placements of older workers during 1958. When these figures are discounted, there appears to be a steady rise in all figures relating to the placements of older workers since the establishment of the Advisory Board on Problems of Older Workers and the enactment of the Fair Employment Practice Law, both of which took place in 1956.

While these figures give grounds for slight optimism on the basis of the improved position of older workers as compared to younger workers, care should be taken in reaching any false conclusions as to the general employment situation for older workers. Total unemployment in Pennsylvania continues to be a serious problem, and unemployed older persons seeking work have more than their share of difficulties in finding a job.

Complete figures for this month, this year and for the first six months follow:

Placements of Applicants Over 45 Years of Age in State Employment Offices*.

June	Total Older Workers Placed	Percentage of All Placements	Index**
1960	6114	24.1	63
1959	5249	21.1	48
1958	4624	23.4	67
1957	4981	20.0	50
1956	4602	17.7	42

1960	Total Older Workers Placed	Percentage of All Placements	Index**
June	6114	24.1	63
May	5806	23.9	58
April	4678	22.6	54
March	4485	23.2	56
February	4141	21.1	49
January	4210	22.1	53
First Six Months			
1960	29,434	22.9	69
1959	27,102	21.9	64
1958	23,401	23.7	75
1957	27,314	20.5	68
1956	23,459	17.4	57

* Non-Agricultural placements only

** This is the ratio which compares the percentage of older job applicants placed with the percentage of younger job applicants placed. An index of 100 would indicate equal percentages. Anything less than 100 is a measure of the extra degree of difficulty faced by job-seekers over 45 years of age.

EMPLOYMENT SERVICE ACTIVITIES IN RELATION TO REGISTRANTS AGED 65 AND OVER
YEAR ENDING MAY 31, 1960

BY OFFICE

District	Office	No. Persons in Active File May 31, 1960		Activities During Year		
		Total	Aged 65 and Over	Initial Counseling Interviews	Non-Agricultural Placements	New Applications
STATE TOTAL		288,025	27,005	1,941	3,247	20,436
1	Chester	4,377	553	12	32	418
	Levittown	2,150	231	25	4	128
	Upper Darby	2,271	341	22	44	354
	Philadelphia	60,375	8,913	514	1,411	5,723
2	Allentown	2,835	371	19	30	334
	Bethlehem	1,678	95	49	8	157
	Coatesville	1,791	181	11	18	145
	Easton	1,681	231	0	91	230
	Hatboro	1,369	220	24	63	208
	Lansdale	1,399	128	5	51	135
	Norristown	2,651	250	48	115	241
	Pottstown	732	91	15	26	104
	Reading	3,468	517	144	38	489
3	Carbondale	1,929	89	0	3	66
	Honesdale	474	55	1	2	45
	Nanticoke	1,423	40	1	1	35
	Olyphant	1,324	58	6	2	51
	Pittston	3,043	131	9	5	85
	Scranton	6,123	487	76	102	359
	Wilkes-Barre	9,064	557	49	8	300
4	Berwick	1,145	149	9	11	143
	Coudersport	281	19	1	0	16
	Lock Haven	831	43	0	5	48
	Milton	1,638	71	15	8	54
	Sayre	1,277	78	13	7	76
	Shamokin	3,316	103	10	2	70
	Sunbury	1,108	66	21	13	66
	Wellsboro	875	66	0	8	66
	Williamsport	3,273	262	9	18	229
5	Carlisle	851	71	9	18	62
	Chambersburg	1,854	113	2	33	73
	Gettysburg	971	108	4	36	41
	Hanover	920	90	20	8	70
	Harrisburg	4,863	284	13	42	353
	Lancaster	2,551	405	5	21	434
	Lebanon	1,098	88	1	20	88
	Lewistown	1,573	166	1	18	122
	Williamstown	364	20	1	3	60
	York	3,814	512	20	85	455

EMPLOYMENT SERVICE ACTIVITIES IN RELATION TO REGISTRANTS AGED 65 AND OVER
YEAR ENDING MAY 31, 1960

BY OFFICE

District	Office	No. Persons in Active File May 31, 1960		Activities During Year		
		Total	Aged 65 and Over	Initial Counseling Interviews	Non-Agricultural Placements	New applications
6	Altoona	4,786	154	9	15	148
	Barnesboro	1,563	52	0	1	35
	Bedford	1,985	52	5	10	66
	Bellefonte	1,980	60	1	2	28
	Clearfield	1,364	90	15	7	74
	DuBois	1,396	54	7	5	31
	Huntingdon	1,356	51	3	9	45
	Indiana	2,867	78	6	4	60
	Johnstown	6,386	434	113	68	334
	Phillipsburg	1,920	40	7	16	57
	Punxsutawney	1,289	51	0	23	44
	St. Marys	1,617	118	10	0	98
	Somerset	2,727	75	6	8	54
7	Ambridge	2,511	117	115	31	109
	Beaver Falls	2,314	199	0	50	182
	Braddock	3,450	203	24	6	461
	Butler	1,719	599	2	47	167
	Carnegie	2,083	206	9	4	125
	McKeesport	3,623	151	5	38	524
	New Castle	2,663	601	64	56	172
	Pittsburgh	22,047	2,680	52	146	2,089
8	Brownsville	1,885	130	0	3	79
	Charleroi	4,861	426	21	21	271
	Connellsville	3,484	143	53	7	110
	Greensburg	5,047	355	0	4	259
	Kittanning	4,438	198	20	3	120
	Latrobe	4,039	182	12	28	104
	New Kensington	5,822	320	13	27	249
	Uniontown	7,012	248	5	17	103
	Washington	2,891	228	36	4	176
	Waynesburg	1,667	87	0	12	63
9	Bradford	1,933	209	14	4	131
	Clarion	1,091	83	0	10	58
	Corry	608	55	0	1	39
	Erie	6,390	534	30	25	401
	Meadville	1,706	139	5	27	164
	Oil City	1,711	194	7	19	147
	Sharon	3,171	257	7	5	224
	Titusville	835	45	6	1	42
	Warren	583	109	13	10	75
10	Hazleton	4,148	183	32	7	139
	Jim Thorpe	1,070	94	7	7	68
	Pottsville	3,238	165	2	20	162
	Shenandoah	2,873	41	2	4	54
	Stroudsburg	803	75	3	25	84
	Tamaqua	2,313	187	16	0	78

EMPLOYMENT SERVICE ACTIVITIES IN RELATION TO REGISTRANTS AGED 45 to 64
YEAR ENDING MAY 31, 1960

BY OFFICE

District	Office	No. Persons Aged 45-64 in Active File May 31, 1960	Activities During Year		
			Initial Counseling Interviews	Non-Agricultural Placements	New Applications
STATE TOTAL		80,180	7,470	52,207	95,599
1	Chester	1,209	62	659	1,508
	Levittown	603	62	240	870
	Upper Darby	823	154	2,986	1,255
	Philadelphia	18,695	2,087	21,787	22,867
2	Allentown	846	155	815	1,307
	Bethlehem	377	66	150	588
	Coatesville	342	41	192	665
	Easton	460	19	332	1,036
	Hatboro	404	79	429	827
	Lansdale	283	38	224	681
	Norristown	601	90	676	937
	Pottstown	176	46	390	599
	Reading	1,182	156	934	1,758
3	Carbondale	647	14	75	513
	Honesdale	161	3	92	281
	Nanticoke	555	30	130	599
	Olyphant	478	46	239	632
	Pittston	1,145	136	263	1,105
	Scranton	2,103	318	683	1,979
	Wilkes-Barre	3,410	325	672	2,376
4	Berwick	348	52	220	703
	Coudersport	72	3	12	87
	Lock Haven	149	6	67	251
	Milton	290	25	120	366
	Sayre	341	42	70	517
	Shamokin	1,111	129	121	918
	Sunbury	364	73	172	528
	Wellsboro	206	1	41	294
	Williamsport	875	61	295	1,121
5	Carlisle	218	24	90	331
	Chambersburg	571	30	381	608
	Gettysburg	368	17	189	285
	Hanover	261	31	144	441
	Harrisburg	1,207	149	1,123	2,143
	Lancaster	705	45	258	1,073
	Lebanon	217	17	188	491
	Lewistown	382	6	122	391
	Williamstown	139	4	73	661
	York	1,133	56	708	1,580

EMPLOYMENT SERVICE ACTIVITIES IN RELATION TO REGISTRANTS AGED 45 TO 64
YEAR ENDING MAY 31, 1960

BY OFFICE

District	Office	No. Persons Aged 45-64 in Active File May 31, 1960	Activities During Year		
			Initial Counseling Interviews	Non-Agricultural Placements	New applications
6	Altoona	1,026	69	261	958
	Barnesboro	658	5	33	463
	Bedford	440	25	101	589
	Bellefonte	297	15	143	373
	Clearfield	314	32	133	503
	DuBois	336	30	89	282
	Huntingdon	294	8	103	351
	Indiana	852	21	129	701
	Johnstown	2,064	154	1,395	1,862
	Philipsburg	450	50		797
	Punxsutawney	391	15	51	499
	St. Marys	289	5	42	306
	Somerset	650	35	185	726
7	Ambridge	554	103	649	718
	Beaver Falls	544	5	560	637
	Braddock	1,161	71	282	933
	Butler	36	20	444	535
	Carnegie	394	27	206	557
	McKeesport	1,103	115	684	987
	New Castle	152	141	672	637
	Pittsburgh	6,153	552	4,592	7,724
8	Brownsville	612	0	83	424
	Charleroi	894	45	161	876
	Connellsville	889	56	322	1,088
	Greensburg	1,083	29	426	1,179
	Kittanning	1,176	56	24	510
	Latrobe	814	98	517	632
	New Kensington	1,081	69	331	1,075
	Uniontown	1,841	49	301	921
	Washington	656	70	100	1,060
	Waynesburg	447	0	57	410
9	Bradford	464	16	68	602
	Clarion	297	10	67	255
	Corry	141	0	25	220
	Erie	1,637	191	565	2,111
	Meadville	439	39	153	828
	Oil City	401	49	167	528
	Sharon	590	31	89	1,077
	Titusville	192	26	22	174
	Warren	130	16	78	269
10	Hazleton	1,391	154	321	1,160
	Jim Thorpe	338	35	128	364
	Pottsville	1,041	65	330	1,141
	Shenandoah	1,193	25	103	953
	Stroudsburg	221	17	494	355
	Tamaqua	592	128	79	1,077

ACTIVITIES OF THE FAIR EMPLOYMENT PRACTICES COMMISSION
MARCH 1, 1956 TO MARCH 1, 1960

During the past year the Commission received and initiated 336 complaints - the most in any year to date.

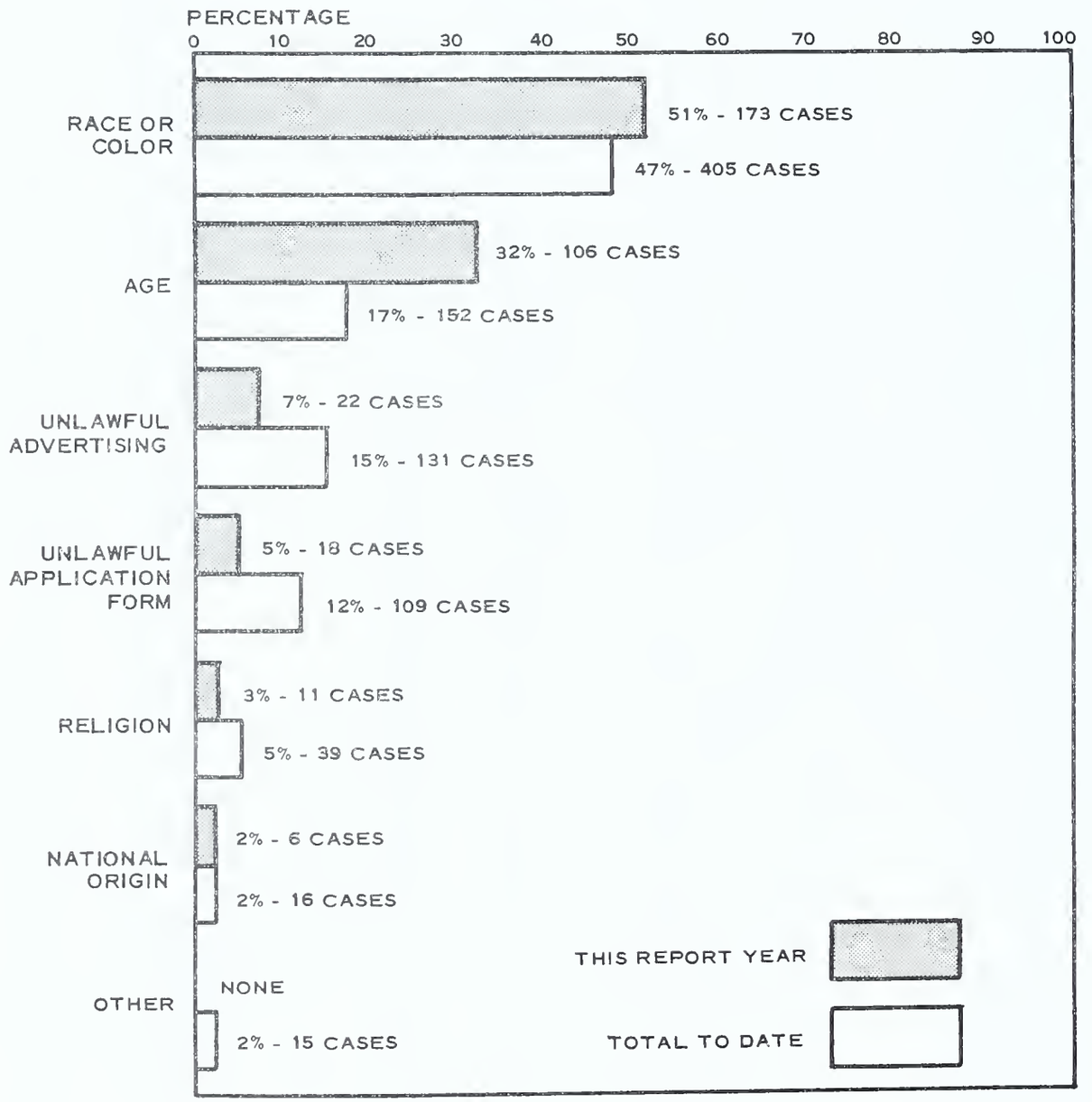
The number of cases docketed by the Commission in other years was: First Year - 144; Second Year - 196; Third Year - 191.

Total number of cases docketed in four years of operation is 867.

The increase in the number of age cases docketed during the current report year (32% compared to 9% the previous year) is due in large measure to complaints involving illegal age specifications in job orders submitted by employers to employment agencies. In addition to handling complaints filed by individuals against employment agencies, the Commission initiated a sizable number of complaints against the employers who had placed the illegal job orders. In all such cases, the age provisions of the FEPC Law were explained and a commitment obtained from the employment agency or employer that it would comply with the Law in the future.

The basis of complaints filed in the year covered by this report, and in the four-year period from March 1, 1956 to March 1, 1960, is shown in the following graph:

BASIS OF COMPLAINTS



NUMBER OF DISABLED PERSONS REHABILITATED
BY BUREAU OF VOCATIONAL REHABILITATION OF
THE PENNSYLVANIA DEPARTMENT OF LABOR AND INDUSTRY

Fiscal Year July 1958 - June 1959 By County

County	Total	Aged 45 to 64	Aged 65 and Over	County	Total	Aged 45 to 64	Aged 65 and Over
TOTAL	5,878	1,408	101				
Adams	10	2		Lackawanna	215	52	1
Allegheny	741	161	12	Lancaster	92	17	1
Armstrong	21	4		Lawrence	106	20	
Beaver	73	17		Lebanon	28	5	2
Bedford	9			Lehigh	90	22	1
Berks	70	23		Luzerne	551	116	8
Blair	103	26	1	Lycoming	94	20	1
Bradford	38	9		McKean	26	7	
Bucks	59	9		Mercer	54	7	
Butler	61	11		Mifflin	44	11	
Cambria	225	63	6	Monroe	20	5	
Cameron	1	1		Montgomery	92	22	3
Carbon	42	9	1	Montour	15	4	1
Centre	52	15	2	Northampton	61	13	
Chester	50	13		Northumberland	75	17	2
Clarion	39	8	1	Perry	13	6	
Clearfield	148	41	2	Philadelphia	936	263	19
Clinton	33	8	1	Pike	5	3	
Columbia	68	10	1	Potter	11	4	1
Crawford	55	16		Schuylkill	129	38	5
Cumberland	60	11	2	Snyder	13	2	1
Dauphin	76	23		Somerset	66	22	2
Delaware	98	22	4	Sullivan	9	2	
Elk	34	9		Susquehanna	66	16	1
Erie	130	29		Tioga	16		2
Fayette	105	33	2	Union	20	4	
Forest	1			Venango	45	8	
Franklin	46	7		Warren	21	2	
Fulton	3	2		Washington	100	19	5
Greene	22	6		Wayne	10	4	
Huntingdon	20	5		Westmoreland	146	35	4
Indiana	55	16	3	Wyoming	28	2	
Jefferson	37	8		York	78	20	1
Juniata	18	3	2				

HEALTH

Without question, the state of health of the nation's aged is a major domestic issue. Masses of statistics and facts have been gathered, analyzed, and studied on a national basis. The material presented here concerns Pennsylvania's resources, facilities and some material on causes of death. In addition, information concerning the mental health programs helping the aged have been provided.

ACCEPTABLE & NON-ACCEPTABLE CHRONIC HOSPITAL
BEDS ACCORDING TO HILL-BURTON SURVEY - 7-1-59
(EXCLUDES FACILITIES FOR CHILDREN, EPILEPTICS AND SIMILAR TYPES)

County	Bed Capacity	
	Acceptable	Non-Acceptable
Allegheny		
Jewish Home for the Aged	420	0
John Kane Hospital	1100	0
Chester		
West Grove Community Hospital	24	0
Cathcart Home of Presbyterian Hospital	0	40
Rush Hospital (County branch)	0	32
Clearfield		
DuBois Hospital	0	10
Cumberland		
Seidle Memorial Hospital	0	14
Delaware		
Broomall Convalescent Home	0	26
Wawa Hospital	0	33
Dauphin		
Harrisburg Hospital	24	0
Polyclinic Hospital	46	40
Erie		
St. Barnabas House by the Lake	0	42
Lancaster		
Home for Master Masons of Pennsylvania	300	0
St. Joseph's Hospital	45	0
Mercer		
Greenville Hospital	31	0
Philadelphia		
Episcopal	0	82
Frankford Hospital	36	0
Home for Jewish Aged	300	0
Lucien Moss Home	84	57
Philadelphia General Hospital (Blockley Div.)	158	0
Philadelphia Home for Incurables	251	0
Sacred Heart Free Home for Incurable Cancer	100	0
Hospital of University of Pennsylvania	108	0
TOTAL	3027	376

Total Beds Allowed By
State Ratio 11,081

Total Existing Acceptable Beds
3,261

Net Additional Beds Needed
7,280

DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
PUBLIC HEALTH SERVICE
CHRONIC DISEASE FACILITIES IN PENNSYLVANIA
RELATIVE NEED REPORT
AS OF JULY 1, 1959

Priority		Area	Percent of Need Met
A- 1	I-28	Wilkes-Barre	0
2	I-27	Scranton*	0
3	I-25	Reading	0
4	I-1	Erie	0
5	I-16	Johnstown	0
6	I-29	Allentown	0
7	I-17	Altoona	0
8	I-4	New Castle	0
9	I-19	Williamsport	0
10	I-12	Oil City	0
11	I-20	Lewistown	0
12	I-18	Sayre	0
13	I-13	Indiana	0
14	I 14	Bradford	0
15	I-15	Clearfield	0
16	I-21	Danville	0
B-17	I-34	Bryn Mawr	0
18	I-35	Chester	0
19	I-33	Abington	0
20	I-10	Latrobe	0
21	I-23	York	0
22	I-32	Norristown	0
23	I-11	Uniontown	0
24	I-9	Washington	0
25	I-24	Pottsville	0
26	R-44	Sellersville	0
27	R-6	Charleroi-Monessen	0
28	R-45	Pottstown	0
29	R-33	Ashland	0
30	R-25	Chambersburg	0
31	R-34	Sunbury	0
32	R-37	Lebanon	0
33	I-31	Easton	0
34	R-41	Hazleton	0
35	R-30	Bellefonte	0
36	I-2	Meadville	0
37	R-12	Armstrong	0
38	R-35	Carlisle	0
39	R-31	Bloomsburg	0
40	R-8	Connellsville	0
41	R-21	Somerset	0
42	R-22	Huntingdon	0
43	R-7	Waynesburg	0
44	R-19	Philipsburg	0
B-45	R-16	St. Marys	0
46	R-29	Lock Haven	0
C-47	R-47	West Shore	0
48	R-32	Shamokin	0
49	R-36	Gettysburg	0
50	R-43	Carbon	0
51	R-20	Spangler	0
52	R-26	Blossburg	0
53	R-23	Bedford	0
54	R-13	Warren	0
55	R- 9	Clarion	0
56	R-42	Stroudsburg	0
57	R-18	DuBois	0
58	R-40	Honesdale	0
59	R-38	Susquehanna	0
60	R-11	Punxsutawney	0
61	R-2	Titusville	0
62	R-1	Corry	0
63	R-14	Coudersport	0
64	R-39	Wyoming	0
65	R-15	Kane	0
66	R-10	Brookville	0
67	R-24	McConnellsburg	0
68	R-17	Emporium	0
69	R-28	Renovo	0
70	R-27	Eagles Mere	0
D-71	R-4	Rochester	16
72	I-26	Lancaster	18
73	R-46	West Chester	18
74	I-22	Harrisburg	23
75	I-3	Sharon	26
76	R-3	Butler	36
77	B-2	Philadelphia	53
78	I-7	Allegheny East	64
79	I-5	Allegheny North	65
80	I-8	McKeesport	66
81	I-6	Allegheny SW	66
82	R-5	New Kensington	67
83	I-30	Bethlehem	76
84	B-1	Pittsburgh	100

*Two centers in district listed

NURSING HOME SUMMARY

Population	Ratio Adopted By State	Total Beds Allowed By Ratio	Total Existing Beds	Net Additional Beds Allowed
11,081,000	2/1000	22,162	6,282	15,880

RELATIVE NEED REPORT

Priority		Area	Percent of Need Met
A- 1	I-11	Uniontown	0
2	I-4	New Castle	0
3	I-12	Oil City	0
4	I-20	Lewistown	0
5	I-18	Sayre	0
6	I-13	Indiana	0
7	I-14	Bradford	0
8	I-15	Clearfield	0
B- 9	I-9	Washington	0
10	R-3	Butler	0
11	R-25	Chambersburg	0
12	R-41	Hazleton	0
13	I-2	Meadville	0
14	R-12	Armstrong	0
15	R-36	Gettysburg	0
16	R-31	Bloomsburg	0
17	R-20	Spangler	0
18	R-8	Connellsville	0
19	R-21	Somerset	0
20	R-22	Huntingdon	0
21	R-7	Waynesburg	0
22	R-	Blossburg	0
23	R-23	Bedford	0
24	R-13	Warren	0
25	R-42	Stroudsburg	0
26	R-18	DuBois	0
27	R-40	Honesdale	0
28	R-16	St. Marys	0
29	R-11	Punxsutawney	0
30	R-29	Lock Haven	0
31	R-15	Kane	
32	R-10	Brookville	0
C-33	R-9	Clarion	0
34	R-38	Susquehanna	0
35	R-14	Coudersport	0
36	R-39	Wyoming	0
37	R-24	McConnellsburg	0
38	R-17	Emporium	0
39	R-28	Renovo	0
40	R-27	Eagles Mere	0
D-41	B-2	Philadelphia	2.0
42	R-44	Sellersville	4.6
43	I-27	Scranton	5.3
44	I-21	Danville	7.7
45	R-6	Charloroi-Monessen	8.2
46	R-19	Philipsburg	8.5
47	I-17	Altoona	16.5
48	R-37	Lebanon	18.7
49	R-34	Sunbury	19.9
50	I-16	Johnstown	21.9
51	I-10	Latrobe	22.7
52	I-32	Norristown	23.4
53	R-5	New Kensington	24.6
54	I-33	Abington	24.9
E-55	R-46	West Chester	29.2
56	I-7	Allegheny East	30.5
57	I-8	McKeesport	30.5
58	B-1	Pittsburgh	31.0
59	R-30	Bellefonte	32.0
60	R-45	Pottstown	33.0
61	I-34	Bryn Mawr	33.3
62	R-2	Titusville	34.1
63	R-1	Corry	34.1
64	I-3	Sharon	35.1
65	R-32	Shamokin	41.7
66	I-35	Chester	42.9
67	I-6	Allegheny-S.W.	43.0
68	R-4	Rochester	43.3
69	I-23	York	45.0
70	I-28	Wilkes-Barre	50.0
71	R-33	Ashland	50.5
72	I-1	Erie	51.2
73	I-25	Reading	57.4
74	I-5	Allegheny North	63.4
75	R-35	Carlisle	69.6
76	R-47	West Shore	70.6
77	I-26	Lancaster	73.7
78	I-31	Easton	74.3
79	I-24	Pottsville	76.0
80	I-30	Bethlehem	77.0
81	I-22	Harrisburg	88.0
82	I-29	Allentown	92.4
83	I-19	Williamsport	100.00
84	R-43	Carbon	100.00

NUMBER OF BEDS FOR THE AGED, HANDICAPPED AND INFIRM, BY TYPE OF FACILITY AND BY YEAR

1956 - 1960

Year	Total	Commercially Operated Nursing and Convalescent Homes	Commercially Operated Boarding Homes for the Aged	Non-Profit Homes for the Aged	County Institution District Homes
1956	37,402	8,763	1,771	13,098	13,770
1957	40,735	10,092	1,794	14,366	14,483
1958	40,657	9,812	1,559	14,483	14,803
1959	42,371	10,512	1,407	15,185	15,267
1960	43,257	11,153	1,452	15,374	15,278

TOTAL NUMBER OF BEDS IN HOMES FOR THE AGED, HANDICAPPED, AND INFIRM, AND NUMBER OF BEDS PER 1,000 POPULATION AGED 60 AND OVER BY COUNTY - MAY 31, 1960

County	Total		Commercially Operated Nursing and Convalescent Homes		Commercially Operated Boarding Homes for the Aged		Non-Profit Homes for the Aged		County Institution District Homes	
	Beds	Per M	Beds	Per M	Beds	Per M	Beds	Per M	Beds	Per M
STATE TOTAL	43,257	28.8	11,153	7.4	1,452	1.0	15,374	10.2	15,278	10.2
Adams	283	41.7	75	11.0	8	1.2	118	17.4	82	12.1
Allegheny	5,021	24.5	477	2.3	0	0.0	2,458	12.0	2,086	10.2
Armstrong	185	17.1	32	3.0	9	0.8	0	0.0	144	13.3
Beaver	554	24.3	27	1.2	9	0.4	80	3.5	438	19.2
Bedford	122	21.5	48	8.5	9	1.6	0	0.0	65	11.4
Berks	893	21.5	180	4.3	143	3.4	140	3.4	430	10.4
Blair	737	35.8	115	5.6	74	3.6	342	16.6	206	10.0
Bradford	375	38.6	97	10.1	36	3.8	0	0.0	237	24.7
Bucks	725	20.1	321	8.9	10	0.3	212	5.9	182	5.0
Butler	616	42.2	160	10.9	61	4.2	220	15.1	175	12.0
Cambria	779	31.4	54	2.2	0	0.0	79	3.2	646	26.0
Cameron	18	17.6	0	0.0	0	0.0	18	17.6	0	0.0
Carbon	309	39.7	16	2.0	9	1.2	0	0.0	284	36.5
Centre	150	19.3	62	8.0	0	0.0	0	0.0	88	11.3
Chester	994	39.4	494	19.6	24	0.9	242	9.6	234	9.3
Clarion	65	12.9	0	0.0	12	2.4	0	0.0	53	10.5
Clearfield	203	18.3	22	2.0	0	0.0	0	0.0	181	16.3
Clinton	101	20.4	29	5.9	0	0.0	7	1.4	65	13.1
Columbia	228	26.9	174	20.5	23	2.7	12	1.4	19	2.3
Crawford	564	47.9	99	8.4	7	0.6	188	16.0	270	22.9
Cumberland	527	38.0	84	6.0	5	0.4	291	21.0	147	10.6
Dauphin	1,912	33.8	163	5.4	0	0.0	388	12.7	469	15.7
Delaware	2,122	35.5	843	14.1	194	3.2	490	8.2	595	10.0
Elk	71	15.6	0	0.0	0	0.0	0	0.0	71	15.6
Erie	931	29.5	205	6.5	31	1.0	418	13.2	277	8.8
Fayette	538	23.9	127	5.6	0	0.0	46	2.1	365	16.2
Forest	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Franklin	385	34.9	31	2.8	8	0.7	127	11.5	219	19.9
Fulton	11	8.5	11	8.5	0	0.0	0	0.0	0	0.0
Greene	106	19.2	0	0.0	4	0.7	0	0.0	104	18.5
Huntingdon	70	13.6	7	1.3	0	0.0	0	0.0	63	12.3
Indiana	280	30.2	126	13.6	7	0.8	0	0.0	147	15.8
Jefferson	211	29.2	88	12.2	11	1.5	37	5.1	75	10.4
Juniata	38	19.1	38	19.1	0	0.0	0	0.0	0	0.0
Lackawanna	912	25.9	209	5.9	9	0.3	204	5.8	490	13.9
Lancaster	2,543	69.2	642	17.5	11	0.3	1,535	41.8	355	9.6
Lawrence	456	30.3	178	11.8	31	2.1	47	3.1	200	13.3
Lebanon	494	40.9	105	8.7	0	0.0	210	17.4	179	14.8
Lehigh	777	24.2	92	2.8	31	1.0	333	10.4	321	10.0
Luzerne	482	10.4	284	6.1	88	1.9	110	2.4	0	0.0
Lycoming	603	34.5	170	9.7	45	2.6	153	8.8	235	13.4
McKean	136	18.0	14	1.9	0	0.0	35	4.6	87	11.5
Mercer	528	29.8	113	6.4	9	0.5	197	11.1	209	11.8
Mifflin	154	31.0	20	4.0	0	0.0	54	10.9	80	16.1
Monroe	119	19.0	22	3.5	17	2.7	20	3.2	60	9.6
Montgomery	1,960	31.2	812	12.9	62	1.0	771	12.3	315	5.0
Montour	44	15.1	0	0.0	14	4.8	0	0.0	30	10.3
Northampton	673	24.5	106	3.9	5	0.2	62	2.2	500	18.2
Northumberland	314	21.2	66	4.5	55	3.7	18	1.2	175	11.8
Perry	174	47.5	96	26.2	0	0.0	40	10.9	38	10.4
Philadelphia	9,288	32.6	2,851	10.0	322	1.1	4,965	17.5	1,150	4.0
Pike	19	9.8	19	9.8	0	0.0	0	0.0	0	0.0
Potter	76	26.3	0	0.0	0	0.0	0	0.0	76	26.3
Schuylkill	550	22.0	29	1.2	10	0.4	11	0.4	500	20.0
Snyder	102	29.8	102	29.8	0	0.0	0	0.0	0	0.0
Somerset	199	18.5	18	1.7	0	0.0	81	7.5	100	9.3
Sullivan	9	8.7	9	8.7	0	0.0	0	0.0	0	0.0
Susquehanna	82	15.1	39	7.2	6	1.1	0	0.0	37	6.8
Tioga	183	30.7	53	8.9	30	5.0	20	3.4	80	13.4
Union	228	71.9	35	11.0	0	0.0	193	60.9	0	0.0
Venango	235	24.2	166	17.1	0	0.0	0	0.0	69	7.1
Warren	232	28.7	86	10.7	0	0.0	27	3.3	119	14.7
Washington	604	21.5	183	6.5	4	0.1	0	0.0	417	14.9
Wayne	199	36.8	127	23.5	0	0.0	52	9.6	20	3.7
Westmoreland	658	15.5	41	1.0	0	0.0	82	1.9	535	12.6
Wyoming	90	34.2	84	31.9	6	2.3	0	0.0	0	0.0
York	913	29.1	177	5.7	3	0.1	249	7.9	484	15.4

ORGANIZED HOME MEDICAL CARE PROGRAMS

There are but four organized home medical care programs currently operating in Pennsylvania. Two are in Philadelphia, and two in Pittsburgh. Because of the limited number of programs and because they represent the complete picture of organized home medical care program in Pennsylvania, somewhat more complete reports are presented on these programs rather than summary statistics. However, it must be noted in summary that less than 450 patients are served in a year's time--a tiny fraction of those who could be better served by organized home medical care than by institutional or other type of care program.

Albert Einstein Medical Center Program, Philadelphia

Volume of Service: From 4-1-55 to 3-31-60 there were 370 applications of which 177 were accepted for care. Approximately 60% of applicants and program participants are 65 and over.
For the year ended 5-31-60 there were 64 patients who were on the program.

Types of Service: Medical Service is supplied by the patient's family physician.
Physical Therapist visits once a week to those receiving physiotherapy.
Speech therapist visits once a week those patients receiving speech therapy.
Social Service averages five conferences a month with patient and/or family at the home or in the office.
Nursing service varies with need--most intensive at beginning of program.

Results by Diagnostic group:

CVA
63 applications were CVA's.
17 died while on the program.
10 showed no improvement.
5 improved but not walking.
5 walk with assistance.
23 are completely independent.
3 are still on the program.

FRACTURED HIPS
18 cases.
2 died while on the program.
2 not walking.
6 walk with canes.
5 completely indpendent.
3 still on the program.

AMPUTEES
13 cases.
2 died shortly after admittance to the program.
2 showed no improvement.
3 walk with crutches.
1 walks with a cane.
5 wear prosthesis.

CANCER
34 cases.
13 died at home.
9 institutionalized and died within one month.
5 institutionalized for longer periods.
5 discharged because of improvement
2 still on the program.

Visiting Nurse Society of Philadelphia

Volume of Service: For the period June 1, 1959 to May 31, 1960 there were 110 admissions to the program which were added to the 92 carried over from the previous period.

Of the total of 202, 122 were 60 or older with 68 in the age bracket 60-69; 34 who were between 70 and 79; and 20 who were 80 or over.
Medical service provided through private physician.

Types of Service and number of patients using such service.

Nursing service	202
Physiotherapy	191
Occupational therapy	183
Speech therapy	55
housekeeper Service	17
Dental care	17
Equipment	77

Analysis of Discharges:

Resumed all activities of daily living	42
Family took over care	14
Returned to work	1
Returned to general visiting nurse program	26
Entered nursing homes or hospitals	11
Moved away	11
Died	13
Patient or family discontinued program	13

Diagnostic groups:

Cerebral Accidents	114
Arthritis	23
Fractures	21
Diseases of Nervous System	17
Cancer	5
Diabetes	4
Diseases of the circulatory system	5
Tuberculosis	4
Diseases of the bones	4
Encephalitis	2
Psychosis	2
Rheumatic Fever	1

Montefiore Hospital Home Care Program, Pittsburgh

Volume of Service: Fifty-five patients were served at some time between 2/57 and 9/59. Of patients served, 23 were over 65 years old.

Types of Service:
Nursing
Social Casework
Social Group Work
Physical Therapy
Housekeeping services
Medical Supplies and equipment
Physician service (to patients without own physician.)

Diagnostic groups: Program limited to patients with congestive heart failure.

Visiting Nurse Association Extension of Services Program, Pittsburgh

Volume of Service: From 11/57 to 7/59 the program served 175 patients, of whom 95 were 60 years of age or older.

Types of Service:
Nursing
Physiotherapy
Nutrition service
Social case work
Occupational therapy
Housekeeping
Medical Supplies and equipment
Speech therapy
Vocational Counseling
Medical coordination

Diagnostic groups: Not available for this report. Generally chronically ill.

PUBLIC HEALTH NURSING AGENCIES
IN PENNSYLVANIA 1959

OFFICIAL AGENCIES	PUBLIC HEALTH NURSING AGENCIES	VISITING NURSE AGENCIES		COMMUNITY NURSE AGENCIES	
Allegheny	Allegheny	Allegheny		Adams	
Blair	Bucks	Berks	3	Blair	
Bucks	Butler	Bucks	2	Bradford	
Butler	Delaware	Chester	10	Cambria	
Dauphin	Lehigh	Cumberland	2	Carbon	3
Erie		Dauphin		Centre	
Luzerne		Delaware	2	Clinton	
Philadelphia		Erie	2	Crawford	
		Lackawanna		Elk	2
		Lancaster	2	Erie	
		Lebanon		Fayette	
		Luzerne	4	Franklin	
		Lycoming		Fulton	
		McKean		Greene	
		Mercer		Lehigh	3
		Monroe		Montgomery	3
		Montgomery	7	Northumberland	
		Northampton	2	Philadelphia	
		Perry		Union	
		Philadelphia		Westmoreland	
		Schuylkill	2		
		Tioga			
		Venango	2		
		Washington			
		York	5		

RECENT MONTHLY STATISTICS ON MEDICAL CARE FOR RECIPIENTS OF
OLD-AGE ASSISTANCE AND BLIND PENSIONS

COUNTIES	Avg. Monthly Expenditures for Medical Care - Calendar Year 1959		Nursing Home Care - June 1960			
			OAA		BP	
	OAA	BP	No. Recipients*	Total Grants*	No. Recipients*	Total Grants*
Adams	$1,103.	$ 373.	16	$1,660.	2	$ 224.
Allegheny	19,438.	3,244.	169	19,662.	9	1,268.
Armstrong	794.	297.	4	421.	0	0
Beaver	393.	214.	1	105.	20	2,178.
Bedford	1,521.	259.	11	1,370.	2	260.
Berks	3,640.	993	16	1,443.	18	2,170.
Blair	2,565.	682.	47	4,919	8	1,040.
Bradford	2,814.	646.	14	1,682.	1	155.
Bucks	1,063.	425.	8	880.	0	0
Butler	1,249.	362.	18	2,197.	0	0
Cambria	2,831.	858.	15	1,580.	0	0
Cameron	80.	18	0	0	0	0
Carbon	774.	575.	0	0	38	5,134.
Centre	818.	197.	9	1,076.	0	0
Chester	1,402.	482.	38	4,388.	10	1,392.
Clarion	490.	179.	0	0	0	0
Clearfield	2,547.	660.	2	260.	2	210.
Clinton	888.	202.	5	573.	1	115.
Columbia	1,262.	371.	45	5,983.	4	572.
Crawford	1,267.	360.	45	4,840.	4	562.
Cumberland	925.	281.	9	1,120	1	93.
Dauphin	2,074.	704.	7	743.	18	2,034.
Delaware	3,353.	1,185.	108	11,394.	8	839.
Elk	420.	298.	0	0	0	0
Erie	2,664.	712.	46	5,494.	25	3,036.
Fayette	4,089.	1,071.	3	258.	6	780.
Forest	30.	35.	0	0	0	0
Franklin	711.	310.	0	0	0	0
Fulton	488.	134.	2	262.	1	155.
Greene	795.	512.	0	0	12	1,420.
Huntingdon	858.	177.	0	0	0	0
Indiana	2,053.	686.	29	3,653.	8	982.
Jefferson	1,547.	563.	41	4,480.	7	852.
Juniata	421.	110.	1	130.	0	0
Lackawanna	11,075.	3,613.	134.	17,040.	43	5,238.
Lancaster	2,795.	806.	107.	11,142.	10	1,309.
Lawrence	1,387.	616.	36.	4,277.	13	1,652.
Lebanon	449.	263.	13	1,488.	1	155.
Lehigh	1,484.	432.	19	2,253.	6	750.
Luzerne	10,675.	2,853.	73	8,181	11	1,440.
Lycoming	2,998.	972.	37	4,465.	13.	1,362.
McKean	957.	394.	2	197.	0	0
Mercer	1,415.	561.	4	487.	9	1,109.
Mifflin	1,201.	333.	2	226.	0	0
Monroe	740.	177.	0	0	0	0
Montgomery	2,595.	854.	59	6,624.	16	1,809.
Montour	438.	124	0	0	0	0
Northampton	1,732.	581.	16	1,909	16	1,763.
Northumberland	2,807.	1,029.	17	1,973.	25	2,523.
Perry	702.	103.	39	3,951.	2	202.
Philadelphia	50,889.	7,820.	1,376.	147,314	51	6,144.
Pike	157.	13.	0	0	0	0
Potter	852.	167.	0	0	0	0
Schuylkill	5,830.	1,541.	3	390.	0	0
Snyder	740.	108.	49.	5,803.	2	221.
Somerset	1,979.	566.	13	1,299	2	260.
Sullivan	273.	57.	6	692.	0	0
Susquehanna	1,679.	496.	21	2,298	4	520.
Tioga	1,529.	373.	18	2,140.	5	700.
Union	641.	154.	25	2,642.	3	350.
Venango	1,021.	376.	28	3,452.	3	409.
Warren	97.	118.	1	65.	0	0
Washington	1,999.	1,079.	13	1,466.	24	2,944.
Wayne	1,182.	414.	50	6,190.	9	1,204.
Westmoreland	2,640.	970.	0	0	0	0
Wyoming	1,048.	217.	31	3,827.	8	1,040.
York	1,471.	588.	18	2,252.	13	1,739.
TOTALS	$184,844.	$46,943.	2,919	$324,616.	494	$60,314.

*Included in tables showing total number of OAA and BP recipients and expenditures for grants

ILLNESSES CAUSING DEATH - ALL AGES COMBINED
1959 ANNUAL TOTALS

COUNTY	Total	Heart Disease	Malignant Neoplasms	Vascular Lesions	Pneumonia and Influenza	General Arterio-sclerosis	Diabetes Mellitus	Miscellaneous Cardiovascular Diseases	Cirrhosis of Liver	Nephritis	Tuberculosis All Forms	All Other Causes
dams	450	198	62	54	1	12	10	11	2	8	5	8
llegheny	16,756	6,878	2,885	1,865	456	326	411	293	237	132	147	3,12
rmstrong	814	363	110	91	17	24	23	23	10	8	3	14
eaver	1,733	653	313	231	48	43	35	39	29	19	23	30
edford	426	186	55	47	10	14	6	13	1	4	3	8
erks	2,912	1,251	478	355	55	93	64	69	29	10	42	46
lair	1,636	682	238	194	36	58	59	32	18	18	9	29
radford	599	297	81	45	19	36	5	9	4	0	0	10
ucks	1,977	837	360	199	44	39	35	25	11	12	5	41
utler	1,078	439	167	131	38	38	30	18	9	4	5	19
ambria	2,030	802	327	223	57	76	49	45	18	24	17	39
ameron	57	24	9	2	1	3	0	0	1	0	1	1
arbon	661	268	94	82	17	11	22	15	9	10	7	12
entre	582	240	95	79	14	16	5	12	1	6	0	11
hester	1,838	761	285	209	51	38	49	40	12	24	10	35
larion	401	160	52	39	14	17	11	11	6	7	1	8
learfield	892	356	137	117	23	25	17	17	5	17	1	17
linton	377	149	59	55	9	14	7	8	1	4	1	7
olumbia	663	262	94	83	17	29	21	16	4	5	3	12
rawford	837	328	137	117	24	29	25	22	8	13	6	18
umberland	1,046	443	167	130	27	32	30	21	6	4	4	18
auphin	2,386	1,027	389	238	60	57	60	46	15	19	16	45
elaware	4,795	2,072	846	415	116	103	86	109	63	41	29	91
lk	340	130	56	39	11	8	8	3	6	1	1	7
rie	2,488	1,026	402	290	90	72	50	40	30	14	17	45
ayette	1,991	866	289	230	63	35	42	34	13	18	19	38
orest	52	15	7	11	2	0	2	0	1	1	0	1
ranklin	837	351	123	104	20	18	26	13	6	10	9	15
ulton	108	41	14	14	3	6	4	5	1	2	0	1
reene	426	177	63	57	11	9	7	12	4	7	4	7
untingdon	475	201	64	39	16	37	11	7	3	2	7	8
ndiana	782	355	104	102	13	11	14	18	2	9	3	15
efferson	564	242	71	84	19	13	17	9	4	5	2	9
uniata	165	69	22	22	8	3	5	3	2	1	0	3
ackawanna	3,189	1,467	512	291	45	81	73	40	40	32	29	57
ancaster	2,685	1,089	392	379	76	101	66	48	18	19	11	48
awrence	1,115	463	170	155	30	36	16	20	4	19	6	19
ebanon	935	399	155	97	25	22	33	20	2	17	0	16
ehigh	2,352	1,069	402	211	65	51	49	44	13	22	11	41
uzerne	4,581	1,796	651	351	113	87	155	73	71	54	66	1,16
ycoming	1,221	496	168	169	49	22	27	23	2	8	3	25
cKean	634	257	87	80	22	24	13	9	5	2	1	13
ercer	1,262	489	157	123	58	27	22	35	12	9	5	26
ifflin	470	206	58	61	16	11	8	7	3	3	3	9
onroe	403	151	61	61	13	7	9	5	5	6	1	8
ontgomery	4,459	1,915	795	440	131	112	66	103	48	32	31	78
ontour	151	64	20	16	9	2	5	7	0	1	0	2
orthampton	2,090	940	356	209	76	32	45	36	11	14	14	35
orthumberland	1,408	608	204	136	30	45	39	28	14	13	14	27
erry	296	119	41	42	13	4	10	7	4	1	1	5
hiladelphia	24,326	10,552	4,138	2,236	748	439	463	501	345	181	279	4,44
ike	131	52	22	14	2	3	2	9	3	1	0	2
otter	215	90	19	20	7	12	7	2	1	0	1	5
chuylkill	2,378	914	315	274	48	66	67	52	16	13	48	56
nyder	222	99	30	24	5	9	6	4	1	1	2	4
omerset	816	306	139	123	19	31	12	10	5	7	4	16
ullivan	92	36	13	9	2	1	0	4	2	1	1	2
usquehanna	380	186	48	34	9	7	8	7	3	2	3	7
ioga	431	206	47	37	23	7	8	8	2	1	1	9
nion	234	106	32	19	7	7	1	6	0	4	0	5
enango	732	306	103	110	16	25	18	9	3	6	3	13
arren	445	201	63	47	20	12	7	8	6	2	1	7
ashington	2,179	901	341	282	59	26	50	37	23	22	12	42
ayne	343	141	58	28	7	16	11	6	3	7	0	6
estmoreland	3,249	1,360	548	381	91	74	52	52	39	24	16	61
yoming	204	96	28	28	3	1	5	3	0	1	0	3
ork	2,334	940	382	295	45	70	50	43	16	23	11	45
ot Specified	70	25	8	5	1	1	1	0	0	1	2	2
TOTAL	119,206	50,196	19,218	12,780	3,293	2,816	2,650	2,304	1,291	1,008	980	22,67

ILLNESSES CAUSING DEATH--DECEASED AGED 65 OR OVER
1959 ANNUAL TOTALS

COUNTY	Total	Heart Disease	Malignant Neoplasms	Vascular Lesions	Pneumonia and Influenza	General Arterio-Sclerosis	Diabetes Mellitus	Miscellaneous Cardiovascular Diseases	Cirrhosis of Liver	Nephritis	Tuber-culosis All Forms	All Other Causes
Adams	290	150	34	43	0	12	7	9	2	6	1	26
Allegheny	9,911	4,698	1,514	1,394	276	301	253	175	79	67	52	1,102
Armstrong	555	293	68	71	8	24	19	17	2	6	1	46
Beaver	1,041	441	176	175	20	41	25	23	10	9	12	109
Bedford	255	139	28	39	4	11	5	8	1	1	2	17
Berks	1,905	900	261	302	32	89	46	54	12	7	19	183
Blair	1,089	496	145	167	25	58	44	23	7	11	5	108
Bradford	429	240	50	39	13	36	3	5	3	0	0	40
Bucks	1,095	550	180	152	25	38	23	20	4	4	1	98
Butler	691	324	94	108	26	36	21	13	2	2	4	61
Cambria	1,257	555	193	175	34	72	37	29	5	19	6	132
Cameron	30	16	4	2	1	3	0	0	0	0	1	3
Carbon	419	194	49	65	9	8	15	6	2	10	2	59
Centre	351	179	51	61	6	14	1	6	0	2	0	31
Chester	1,115	537	161	180	21	37	34	27	2	10	3	103
Clarion	259	124	29	32	3	16	9	8	4	4	0	30
Clearfield	563	262	84	97	16	24	9	9	3	8	0	51
Clinton	238	104	35	47	6	14	6	5	0	2	1	18
Columbia	470	208	56	74	9	28	11	15	3	3	0	63
Crawford	595	250	89	99	15	27	18	15	2	9	2	69
Cumberland	673	317	88	110	16	31	23	18	2	3	2	63
Dauphin	1,464	741	196	187	31	53	42	30	3	10	2	169
Delaware	2,751	1,411	423	329	56	97	59	66	8	22	8	272
Elk	211	100	30	31	7	8	3	1	3	1	1	26
Erie	1,553	714	232	232	68	65	33	31	7	10	5	156
Fayette	1,249	645	161	177	35	32	26	24	5	10	7	127
Forest	33	12	3	9	1	0	2	0	0	1	0	5
Franklin	525	259	68	88	8	18	19	9	3	5	3	45
Fulton	70	26	9	12	2	6	3	4	1	2	0	5
Greene	283	129	36	48	9	9	3	9	3	5	2	30
Huntingdon	301	142	38	34	6	37	6	6	1	1	2	28
Indiana	506	262	63	92	9	11	7	14	1	2	2	43
Jefferson	398	192	44	73	8	13	17	6	2	2	0	41
Juniata	104	52	10	20	6	3	3	1	1	0	0	8
Lackawanna	2,062	1,081	294	225	29	78	53	28	9	16	9	240
Lancaster	1,753	816	217	326	41	99	46	36	7	11	5	149
Lawrence	736	334	87	127	23	36	12	14	0	14	4	85
Lebanon	607	302	90	81	13	22	21	9	1	14	0	54
Lehigh	1,505	778	231	178	44	48	34	32	4	11	4	141
Luzerne	2,774	1,289	345	265	60	83	104	51	31	31	30	485
Lycoming	827	382	107	151	34	22	20	15	1	3	0	92
McKean	406	191	40	65	14	23	7	7	1	2	0	56
Mercer	788	372	89	104	38	27	14	30	5	5	3	101
Mifflin	283	149	24	51	12	11	2	5	1	1	2	25
Monroe	262	115	40	52	8	7	5	4	0	5	1	25
Montgomery	2,715	1,316	435	364	67	107	45	76	10	14	11	240
Montour	105	51	14	14	6	2	4	5	0	1	0	8
Northampton	1,358	685	203	178	50	32	33	25	5	7	9	131
Northumberland	890	436	117	111	17	43	23	18	4	7	7	107
Perry	188	87	17	38	8	4	8	6	2	0	0	18
Philadelphia	13,828	7,000	2,155	1,659	409	411	288	302	108	86	102	1,308
Pike	94	44	9	13	2	3	1	8	3	0	0	11
Potter	135	67	13	16	3	12	4	1	0	0	1	18
Schuylkill	1,465	621	187	215	22	65	45	31	4	5	22	248
Snyder	137	70	14	21	4	9	4	3	0	0	2	10
Somerset	537	218	81	112	13	30	10	4	0	6	1	62
Sullivan	63	30	7	0	8	1	0	3	2	0	1	11
Susquehanna	254	141	32	27	6	7	4	4	0	1	1	31
Tioga	288	164	24	31	11	6	5	6	1	1	1	38
Union	148	77	20	16	4	7	1	4	0	2	0	17
Venango	497	225	53	100	14	25	14	8	1	5	2	50
Warren	308	163	41	43	15	11	4	5	1	1	1	23
Washington	1,352	657	190	225	32	25	35	24	7	11	7	139
Wayne	242	116	41	23	4	14	5	5	1	5	0	28
Westmoreland	2,024	979	311	304	58	71	33	30	13	11	6	208
Wyoming	129	71	13	23	2	1	3	2	0	0	0	14
York	1,434	651	210	254	16	69	38	26	8	13	4	145
Not Specified	36	22	6	3	0	1	0	0	0	1	0	3
TOTALS	72,909	35,392	10,459	10,179	1,898	2,684	1,757	1,513	413	544	382	7,688

STATE MENTAL HOSPITAL PATIENTS AGED 65 AND OVER AND UNDER AGED 65 FOR YEAR ENDING MAY 31

	1955	1956	1957	1958	1959
First Admissions					
65 and over	1,805	1,825	1,734	1,851	1,857
Under age 65	3,693	3,291	3,704	3,836	4,376
Age unknown	1	2	0	0	1
Percentage of total 65 and over	32.8	35.7	31.9	32.5	29.8
Readmissions					
65 and over	380*	394	414	453	435
Under age 65	1,829*	1,722	2,167	2,146	2,347
Age unknown	0	0	0	1	4
Percentage of total 65 and over	17.2	18.6	16.0	17.4	15.6
Resident Patients					
65 and over	10,521	10,506	10,735	11,534	10,225
Under age 65	29,538	28,641	27,806	26,108	28,141
Age unknown	861	800	693	667	669
Percentage of total 65 and over	25.7	26.3	27.4	30.1	26.2
Leaves of Absence					
65 and over	1,084*	1,214*	1,386*	1,498*	1,423
Under age 65	7,102*	7,950*	9,080*	9,813*	9,349
Age unknown	91*	102*	115*	126*	123
Percentage of total 65 and over	13.1	13.1	13.1	13.1	13.1
Discharges					
65 and over	438	468	524	595	677
Under age 65	3,200	3,455	3,859	4,355	4,929
Age unknown	1	0	0	1	1
Percentage of total 65 and over	12.0	11.9	12.0	12.0	12.1
Deaths					
65 and over	2,071	2,500	2,226	2,551	2,398
Under age 65	738	808	821	878	855
Age unknown	4	0	0	2	0
Percentage of total 65 and over	73.6	75.6	73.1	74.4	73.7

*Estimated

SERVICES TO PATIENTS AGED 45-64 AND 65 AND OVER TERMINATED DURING THE YEAR ENDING MAY 31, 1960 1/, BY PSYCHIATRIC DISORDER
OUTPATIENT PSYCHIATRIC CLINICS

Psychiatric Disorder	45 - 64 Number	45 - 64 Per cent of Total	65 and over Number	65 and over Per cent of Total
TOTAL	1450	100.0	300	100.0
Brain Syndromes	114	7.9	94	31.4
Mental Deficiency	18	1.2	0	0.0
Psychotic Disorders	614	42.4	116	38.7
Psychophysiologic Autonomic and Visceral Disorders	30	2.1	4	1.3
Psychoneurotic Disorders	334	23.0	48	16.0
Personality Disorders	186	12.8	4	1.3
Transient Situational Personality Disorders	22	1.5	2	0.7
No Psychiatric Disorder	26	1.8	4	1.3
Undiagnosed	106	7.3	28	9.3

1/ Based on reports received from 58 outpatient psychiatric clinics, approximately 70 per cent of the total number of clinics in Pennsylvania

CONDITION ON TERMINATION OF PATIENTS AGED 45-64 AND 65 AND OVER TREATED DURING THE YEAR ENDING MAY 31, 1960 1/
OUTPATIENT PSYCHIATRIC CLINICS

Condition	45-64 Number	45-64 Per cent of Total	65 and over Number	65 and over Per cent of Total
Treatment Plan Completed	372	100.0	72	100.0
Improved	320	86.0	68	94.4
Unimproved	52	14.0	4	5.6
Treatment Plan Not Completed	430	100.0	48	100.0
Improved	140	32.6	16	33.3
Unimproved	268	62.3	30	62.5
Condition Unknown	22	5.1	2	4.2

1/ Same as above

TYPE AND AMOUNT OF CLINIC SERVICE RECEIVED DURING THE YEAR ENDING MAY 31, 1960[1]
BY TERMINATED PATIENTS AGED 45-64 AND 65 AND OVER SINCE LATEST ADMISSION
OUTPATIENT PSYCHIATRIC CLINICS

Service	45-64 Number	45-64 Per cent of Total	65 and over Number	65 and over Per cent of Total
Type of Service				
Number of Patients	1450	100.0	300	100.0
Diagnosis and Treatment	802	55.3	120	40.0
Diagnosis Only	440	30.3	132	44.0
Psychological Testing Only	14	1.0	2	0.7
Other Services	194	13.4	46	15.3
Interviews				
Number of Patients	1450	100.0	300	100.0
Number with:				
1	396	27.3	110	36.7
2 - 4	448	30.9	104	34.7
5 - 9	266	18.4	44	14.6
10 - 24	236	16.3	36	12.0
25 - 49	70	4.8	6	2.0
50 or more	34	2.3	0	0.0
Average Number of Interviews	8.6	-	4.6	-
Number of Interviews	12,478	100.0	1368	100.0
Number with:				
Patient	11,066	88.7	1036	75.7
Parent or Parent Substitute	156	1.2	2	0.1
Spouse	658	5.3	102	7.5
Other Significant Person	598	4.8	228	16.7

1/ Same as above

HOUSING FOR THE AGED

PUBLIC HOUSING

There are a total of 930 units exclusively for the aged, provided by housing authorities in Pennsylvania. These are primarily one bedroom units. The allocations are:

Bethlehem	45
Brownsville	20
Connellsville	30
Easton	40
Philadelphia	233
Pittsburgh	460
Reading	102
TOTAL:	930

Seven housing authorities in Pennsylvania are planning an additional 1000 dwelling units designed exclusively for the elderly single person. New design planning includes non-skid floors, non-locking bathrooms, wider doors and other "built-in" safety measures as far as funds can be stretched to provide.

There are a number of elderly heads of families (65 or over) living in larger units of two, three, four and five bedrooms. Statistics show approximately 16% of all low rent housing units in 23 housing authorities in Pennsylvania as of November 1959, are occupied by elderly heads of households. Of these, 2787 were couples, and 1575 single elderly. Currently, the elderly live in row-type and hi-rise buildings and are integrated into the normal project population. Some of the new low-rent housing, designed for the elderly, have blocks of units so located that the elderly are a part of the "scene," but are free of other units housing the larger families, and away from play areas. These units are located on lower floors or in apartment buildings easily accessible to elevators. Such arrangements allow for "privacy" and easy movement in and out of units without "isolation."

AUXILIARY SERVICES

Generally, the elderly feel isolated, useless, unproductive and insecure. Infirmary or other types of medical care has been found to be a necessity for about 10% of the total aged population; 5% require hospitalization. Public housing servic are geared to the 85% of the elderly, who are well and ambulatory. Philadelphia has set aside a room equipped with TV (donated), chairs, books and tables for quiet game for its senior citizens, in one of its Project Community Buildings; this room is open daily for the elderly in and nearby the Project Community. The intent in establishing this room is to set up an action demonstration in services for the aged Other senior citizen activities are planned by Philadelphia and other authorities such as trips, birthday and special occasion parties, dinners, meetings, arts, craft and hobby classes, hobby shows, health talks by doctors or other medical personnel on common medical illnesses and simple home remedies are given. Mental Health Specialists try to improve the attitudes of the aging about this normal life process so that it can be lived more completely and more happily.

Periodic health check-ups are encouraged by management staff and safety measures are taught by staff and local experts in the area of safety.

Community services provide medical and psychiatric care, "meals on wheels", camps for the elderly and other services. There are close working relations established between community resources and low rent housing personnel working directly with the aged.

FHA HOUSING FOR THE ELDERLY

The impact of the Federal Housing amendments relating to housing for the elderly has not been fully realized in Pennsylvania. Up to 1960, only one project has been undertaken under Section 231 of the Federal Housing Administration Mortgage Insurance Programs. This project, known as "York House," has been undertaken by the Home for the Jewish Aged in Philadelphia. This project will provide 206 apartments for 250 aged persons in good health. The project incorporates the most modern design for accommodations for the elderly, and its association with the Home for the Jewish Aged will assure provision of medical care.

It is anticipated that additional FHA units will be undertaken by non-profit groups as more experience is gained in this program throughout the country.

FREE-TIME ACTIVITIES

Relatively little is available concerning free-time activities for aged persons. There are an estimated 400 Golden Age groups throughout the Commonwealth. However, until an analysis is made of the County Reports indicating the extent and variety of free-time activity programs which include library service, church activities, retired people's organizations, union drop-in centers, and similar types of organizations, it is not possible to provide factual data concerning the free-time activities of older persons in the State.

A survey of statewide organizations indicated that the following have some program in the area of free-time activities for the aged:

Altrusa International, Inc.
Catholic Diocese - of Philadelphia
Fraternal Order of Eagles
Junior Leagues of Pennsylvania
Lutheran Service Society of Western Pennsylvania
Pennsylvania CIO Council
Pennsylvania Federation of Women's Clubs
Pennsylvania State Council of Lions Clubs
Pennsylvania Region, National Council of Jewish Women
Pilot International, District 16
State YMCA
The Salvation Army
Soroptimist Federation of the Americas, Inc., North Atlantic Region
United Church Women of Pennsylvania

Details on these may be obtained in Document No. 2, published by the Governor's White House Conference Committee on Aging.

LIST OF COUNTIES AND SCHOOL DISTRICTS OFFERING COURSES FOR ADULTS

Adams
Gettysburg Borough

Allegheny
Avonworth Union
Carnegie Borough
Clairton City
Coraopolis Borough
Har-Brack Joint
McKeesport City
Mt. Lebanon Township
Munhall Borough
Neville Township
Oakmont Borough
Penn Hills Independent
Quaker Valley Joint
Shaler Township
West Mifflin Borough

Beaver
Beaver Falls Area
New Brighton Borough

Berks
Exeter Township
Fleetwood Borough
Governor Mifflin Joint
Reading City
Spring Township

Blair
Altoona City
Tyrone Merged

Bucks
Bensalem Township

Butler
Butler Area Joint
Fairview Township-
Karns City Joint
Jackson Township
Slippery Rock Area Joint

Cambria
Greater Johnstown Joint
Richland Township

Carbon
Palmerton Area Joint

Centre
Bald Eagle Area Joint

Chester
Coatesville City

Clearfield
Clearfield Area Joint

Cumberland
Carlisle Area Joint

Dauphin
Central Dauphin Joint
Derry Township
Harrisburg City
Middletown Borough

Delaware
Chester City
Haverford Township

Elk
Johnsonburg Merged

Erie
Corry Area Joint
Erie City

Franklin
Chambersburg Area Joint

Huntingdon
Captain Jack Joint
Huntingdon Borough

Indiana
Indiana Borough

Lackawanna
Scranton City

Lancaster
Columbia Borough
Lancaster City

Lawrence
Ellwood City Borough
New Castle City

Lehigh
Allentown City
Catasauqua Union
East Penn Union
Parkland Union
Southern Lehigh Union

Lycoming
Williamsport City

McKean
Bradford Area Joint

Mercer
Farrell Area
Hickory Township
Lakeview Joint
Mercer Joint

Mifflin
Lewistown Borough

Northampton
Easton-Forks Joint
& Easton Area

Northumberland
Sunbury City

Perry
Blain Union

Philadelphia
Philadelphia City

Schuylkill
Pottsville City

Somerset
Conemaugh Township

Venango
Franklin Area Joint

Warren
Warren Area Joint

Washington
Avella District Jointure
California Community Jt.
Charleroi Borough

Wayne
Preston Township

Westmoreland
Monessen City
Mt. Pleasant Township
New Kensington City

LIST OF COURSE OFFERINGS

Arithmetic
Art
Auto Mechanics
Banking and Finance
Blue Print Reading
Braille and Crafts for the Blind
Bridge
Cabinet Making
Cake Decorating
Carpentry
Ceramics
Chemistry
Child Care
Civic Orchestra
Comptometry
Correspondence
Counselling
Creative Thinking
Dancing
Driver Education
Electricity
Elementary Education
English
Flower Arrangement
Food Clinic
French
Geography
German
Golf
Hebrew
Highway Safety (Theory)
Home Nursing
Household Mechanics
Human Relations in Supervision
Income Tax Procedures
Industrial Arts
Immigrant Education
Investments
Italian
Jewelry Making
Journalism
Knitting
Latin
Law, Everyday
Leathercraft
Lip Reading
Literacy
Mathematics
Music, Instrumental and Vocal
Office Machines
Oil Painting
Optical Mechanics
Parent Education
PBX Operation
Pennsylvania Dutch Design
Personal Grooming
Petroleum Refining
Photography
Physical Education (Women)
Polish
Problems of Retirement
Public Speaking
Radio and TV
Real Estate
Retail Selling
Russian
Sewing
Science
Slide Rule
Social Studies
Spanish
Speech
Stenography
Swimming
Tailoring
Township Government
Typing
Upholstery

SOCIAL WELFARE SERVICES

Until the reports from the County Committees on Aging have been properly analyzed, it will not be possible to provide factual data on the full extent of social welfare services available to the aged of Pennsylvania. We do know, however, of some basic social service agencies which are currently providing some service to older people.

In every county of the Commonwealth there is a Public Assistance Office, which provides, insofar as possible, some basic services which help people with their problems and develop solutions. Services may be direct, informational, advisory or referral.

The nineteen family agencies in the State provide case work and helping services to the aged among others, although no State study has been made to determine the extent of those services. Among the important services these agencies provide, several have incorporated homemaker programs to help older persons remain in their homes as long as it may be possible.

The mental health clinics whose psychiatric clinic services are described and summarized in the statistical tables of the Health Section of this report, also provide social services to their clients.

Unfortunately, insufficient material for statistical presentation is available at this time.

1961 White House Conference on Aging

MISCELLANEOUS PAPERS

Document No. 4

GOVERNOR'S WHITE HOUSE CONFERENCE COMMITTEE ON AGING
ROOM 316, HEALTH & WELFARE BUILDING, HARRISBURG, PENNA.

INTRODUCTION

At the outset of planning for Pennsylvania's activities on the White House Conference on Aging, it was recognized that there were some special problem areas which might require technical papers, or which were of such a highly specialized nature that they would not be recognized in the sum total of county reports. Accordingly, certain organizations and agencies were asked to prepare statements on these problems. In some cases, the time provided was too short, and in others the development of a special study required resources which were not available. However, a number of reports have been received and they have been reproduced herewith.

We believe that this technique has been useful and we hope that we can call upon various interested organizations to prepare stimulating papers on various topics in the future.

In behalf of the Governor's White House Conference Committee on Aging, we wish to express our gratitude to those organizations which have worked so hard to produce the reports presented in this document.

(Mrs.) Ruth Grigg Horting
Chairman
Governor's White House Conference
Committee on Aging

TABLE OF CONTENTS

TAX PROBLEMS OF THE AGED*

*Prepared by the Committee on Taxation, Pennsylvania Institute of Certified Public Accountants, Donald J. Kester, Chairman. This paper was furnished to the Governor's White House Conference Committee on Aging with the notation that it was prepared by a member of the Committee on Taxation and does not necessarily represent the composite of the views of the entire Committee.

TAX PROBLEMS OF THE AGED

The Committee on Taxation of the Pennsylvania Institute of Certified Public Accountants has been asked to outline the tax problems which confront the aged and to make any suggestions which will assist in eliminating, within the framework of each citizen's responsibility, unreasonable burdens upon any old-age group.

The generally accepted policy of American business enterprise to retire its employees at 65 creates complex problems which embrace both the physical and mental well-being of persons suddenly thought to be "aged". All of these problems will be considered, undoubtedly, by the Governors' White House Conference Committee on Aging. In the past, countless books have been printed and special studies have been made by both private and governmental agencies; all designed to contribute to the welfare of the aged. Among those most often considered are the following financial problems:

1. Required adjustment of living standards;
2. Increased need for medical services;
3. Creation of sources of income;
4. Conservation of existing sources of income.

Resulting from the study of these problems, all of which are influenced to a degree by taxes, there has evolved governmental legislation designed to assist the aged and ease their burdens.

Interwoven among the studies has been the evaluation of the effect of governmental taxation on personal income. As a result many laws have been enacted which attempt to cushion to some degree the impact of a substantial decline in income which generally accompanies retirement.

The tax laws enacted sometimes provide direct benefits exclusively to the aged; at other times the benefits are also available to younger age groups.

Among the more significant enactments introduced throughout the years and presently in the Internal Revenue Code of 1954, its regulations and rulings are the following:

1. The allowance of a retirement income credit.[1] (the term "credit" as used throughout this paper means amount deductible from income taxes otherwise payable). The retirement income credit enables certain individuals each to obtain up to $240 credit against the tax in any one year. The privilege is limited. Those not qualifying are those who

    a. Receive pensions or annuities of $1200 from social security or railroad retirement, or

    b. If under 65, receive earned income of $2100 or more, or

    c. If 65 or over and under 72, receive earned income of $2400 or more.

Earned income generally does not include rentals, interest and dividends, property gains and losses. It does include earnings from self-employment or from rendering services to others.

1 Code Sec. 37

2. The allowance of an additional $600 exemption in computing taxable income to each person 65 or over at the end of the taxable year.[2]

3. The waiver of the 3 per cent limitation on medical expenses.[3] The Code provides that if either the taxpayer or his spouse has attained the age of 65 or over before the close of the taxable year, and has paid medical expenses during the year not compensated for by insurance or otherwise, the limitation of deductible medical expenses to those in excess of 3 per cent of adjusted gross income will not apply. This of course is the factor which distinguishes this group from those younger taxpayers who must observe the 3 per cent rule. In either case, however, medicine and drugs are allowable as medical expenses only to the extent they exceed 1 per cent of adjusted gross income. One further tax concession is available to those 65 and over; a maximum annual deduction of $15,000 per person is allowable whereas those under 65 may deduct annually no more than $5000 per person.

4. The exclusion from gross income of benefits received under the Social Security Act.[4] (While several of the benefits under this Act are payable to persons not yet 65,

2 Code Sec. 151
3 Code Sec. 213
4 IT 3194, 1938-1 CB 114; IT 3229, 1938-2 CB 136; IT 3447, 1941-1 CB 191.

as for example, payments to the widow of an insured, the discussion in this paper of the social security program is confined to the benefits received by an insured upon retirement at 65).

Other benefits available to younger age groups may also be utilized by the aged taxpayer. These include the following:

1. Dividend received exclusion[5] and the 4 per cent dividend received credit[6];

2. Tax free interest income on obligations of a State, a Territory, or a possession of the United States, or any political subdivisions of the foregoing, or the District of Columbia[7];

3. Exclusion from gross income of certain proceeds of endowment and life insurance contracts (annuities) which represent the recovery of cost.[8]

Those items briefly explained to this point have the effect of enabling the aged to conserve sources of retirement income. A very significant law exists which enables an individual to create a source of retirement income - an employer-administered pension and/or profit sharing plan. The plans are designed to provide currently tax-free compensation to an employee through tax-deductible contributions by his employer to a funded plan

5 Code Sec. 34
6 Code Sec. 116
7 Code Sec. 103
8 Code Sec. 72

for the full value of the additional compensation[9], or by contributions, net of income tax, credited to a nonfunded reserve account on the employer's books[10]. Income to the employee is not recognized until funds are distributed, at which time the employee will probably be able to take advantage of lower tax rates (presumably at retirement) or will receive the benefit of capital gain treatment if he elects to withdraw a lump sum.

Pending in Congress at the time of this writing are two major proposals:

1. Self-employed Individuals' Retirement Bill;
2. Health care for the aged.

The Retirement bill is to assist the self-employed in creating a pension fund, similar to the funded plan described above. The purpose is to allow contributions to a fund of an amount of earned income which will not be taxed as income until received from the fund at retirement. The health care proposals are to assist the aged in acquiring adequate medical care.

Both of the above have been agreed to in principle but until some agreement is reached as to how these proposals should be administered further comment now would contain many assumptions as to the eventual form which these bills may take.

Statistics have been presented, and attacked, which purport to prove that the majority of the aged are unable to effectively maintain a reasonable living standard. They are pictured as

9 Code Sec. 401-404

10 Rev. Rul. 60-31

bearing the heaviest burden of low incomes during a period of rising costs. They are affected by chronic illness to a greater degree than younger groups. Their general plight has awakened younger generations to the need for sources of retirement income. The sources have been arranged by many, well in advance of their expected retirement date. They are frequently encouraged by their employers and insurance agents. Social security is increasingly more all-inclusive and recently a change was made in that program permitting those on the benefit rolls larger amounts of earned income before forfeiture of monthly benefits. (The change is still inadequate in the Committee's opinion; it will be discussed later in the paper.)

As a result of these more recent changes, both in law and in attitude, perhaps fewer persons will face fewer severe financial problems upon retirement in the future.

The problems faced in enacting tax laws to protect the aged are then two-fold. The laws must be drafted to both provide for those now retired and those who will retire in future years.

Any traditional presentation of the same general nature as this paper has usually appended to it a wealth of statistics to support the conclusions. They have been avoided here, however, due to the lack of detailed financial data which exists in many instances. It is reasonable to expect much more accurate data to be obtainable from the 1960 census. For purposes of this paper it should be sufficient to state that at least 10 million

people are retired from full time employment. On that basis alone it is reasonable to suppose that any proposed legislation included herein will have fairly wide application. Additionally, it is believed that any proposals will improve, if not dispel, the faults which lie in favored treatment to one taxpayer and not afforded to another.

Any suggested solutions to tax problems of the aged will fall into one of two main categories:

1. Elimination of inequitable treatment of sources of income and the deductibility of expenses.

2. Removal of hindrances to proper tax planning to soften the impact of medical illness more common in later years.

The second classification is more susceptible to adequate tax legislation than is the first, which contains several subtle inequities now in the law. To consider these inequities first, Mr. Able and Mr. Baker are used as examples. While the cast of characters is fictional, it would not appear that their financial affairs are uncommon.

Mr. Able and Mr. Baker are both over 65 and under 72 at December 31, 1959. They file joint returns with their spouses who have never been wage earners and who are both over 65. Mr. Able's former full time occupation was covered under the social security program; Mr. Baker's occupation was not covered and consequently he is not entitled to any social security benefits for himself or his wife.

Income is received as follows:

Mr. Able:	
Part-time work:	
6 months @ $400	$2 400
1 month @ $300	300
	2 700
Social security benefits[11]	
5 months @ $174	870
	$3 570
Mr. Baker:	
Dividends on domestic stocks held in part by Mr. Baker and in part by Mrs. Baker	$4 433

Expenses are normal and each pays $300 property taxes; $220 of this amount is billed by the local school district. There is no interest expense since both own their homes free of encumbrance.

11 Sec. 203, Social Security Act: This law provides that deductions shall be made from the benefits payable to a working beneficiary if he is under age 72 and has earnings in excess of certain specified amounts. The test of whether benefits will be deducted is on an annual basis, both wages and self-employment income being combined for purposes of determining the individual's total earnings. The annual exempt amount is $1,200, or $100 times the number of months involved in a taxable year shorter than 12 months. One month's benefit is withheld for each $80 of earnings, or a fraction thereof, in excess of $1,200, but no benefit will be lost for any month in any calendar year after 1958 in which the individual neither earned wages of more than $100 nor rendered "substantial services" as a self-employed person in his trade or business. Earnings from any source must be counted, whether or not the work is covered under the old-age, survivors, and disability insurance system. However, generally speaking, income excluded from the term "net earnings from self-employment" is not counted for purposes of determining whether a person meets the retirement test. "Earnings" were briefly defined in earlier paragraphs.

Mr. Able could receive as high as $174 monthly from social security benefits for himself and his dependent if he were on the benefit rolls at December 31, 1958. On an annual basis the benefits are $2,088. As explained above, however, benefits will be forfeited in those months in which he earned over $100:

Total wages earned:	
6 x $400	$2 400
1 x $300	300
	2 700
Less annual exemption	1 200
	$1 500
$1 500 ÷ 80 = months	12+
But no benefits are lost for any month in which less than $100 was earned	
Months benefit lost	5
	7
Value of retained benefits	$870

Based on the foregoing, the joint tax returns for 1959 were filed as follows:

	Mr. and Mrs. Able	Mr. and Mrs. Baker
Income reportable for tax purposes	$2 700	$4 433
Dividends received deduction	-	100
	2 700	4 333
Allowable deductions:		
Property taxes	300	
Optional standard deduction		433
	2 400	3 900
Exemptions (2 x $1200)	2 400	2 400
Taxable income	-	$1 500
Income tax before credits		300
Less: Retirement income credit		(240)
Dividends received credit		(60)
Income taxes payable	-	-

The net disposable income after property taxes is as follows:

	Mr. Able	Mr. Baker
Cash received	$3 570	$4 433
Property tax	300	300
	$3 270	$4 133

As illustrated above several deficiencies appear to exist in the law at present:

1. Mr. Baker obviously has a fair amount of accumulated capital which enables him to receive dividend income without expending effort and more importantly without paying taxes (other than personal property).

2. Under social security law Mr. Able would undoubtedly lose all benefits if he were able to obtain enough work to earn wages equal to Mr. Baker's income. If he were to earn $4,433, income taxes of $318 would be payable; the dividends received deduction and dividends received credit are for dividend income exclusively; the retirement income credit would not apply since earned income is in excess of $1200. In order to obtain net disposable income of $4,133 after property taxes, it would be necessary for Mr. Able to earn $4,820.

3. Both men are required to pay property taxes of $300, a significant portion of which ($220) is payable for educational facilities no longer of any measurable benefit to them. The allowance of a deduction for Federal income

tax purposes is inconsequential. It has no effect on Mr. Baker and if not available to Mr. Able creates a tax liability of $6 (optional standard deduction = $270; deduction claimed $300; tax at 20 per cent on $30).

The illustration presented does not imply that the situations are normal. It is intended to indicate that a large group of individuals covered under the social security program are severely hampered by its limitations upon earned income and in attempting to earn adequate income are not extended the deductions available to stockholders.

The illustration suggests the following remedies:

1. Extend an equivalent of the dividend received deduction, the dividend received credit and the retirement income credit to those retired persons who, in order to obtain adequate cash, must work on a part-time or full-time basis.

2. Increase the allowable earned income limits under the social security program so that covered employees may more reasonably meet their needs without expending more physical effort than is compatible with age.[12]

3. Encourage local governments to waive the school district taxes presently assessed. As has been noted,

12 It is recognized that the social security program is more appropriately a social program than a tax consideration. The influence of this social legislation directly affects taxable income, however, and is considered to be worthy of comment by tax authorities.

the benefits derived by the aged from the maintenance and improvement of the educational system are somewhat remote and some reasonable means of relief is indicated. The impact on those who are fortunate enough to own homes but have small retirement incomes, say from social security of a maximum of $2,088 annually, is substantial. Alternatively, consideration by the Governors' Committee of a school district tax credit on a dollar for dollar basis against Federal income tax, computed in the usual manner, may be warranted. If the school district tax were not completely eliminated in the current taxable year, perhaps it would be appropriate to allow credits against prior years' Federal income taxes through claims for refund. Such a program has all the attributes of a Federal grant in aid of education and should be coordinated with any proposals which purport to advance the theory of Federal aid to education.

It is appropriate to examine existing tax law as applied to carry-backs and/or carry-overs. In general, the computation of Federal income taxes is to some extent often influenced by the computation of taxes in prior years. Attempts are made to equitably transfer to other taxable years specific items in excess of allowable limitations in any one year. Thus, taxpayers often must consider and apply in computing and recomputing income taxes the following:

1. Operating losses - Carry-back 3 years; carry-over 5 years.

2. Capital losses - Carry-over 5 years.

3. Contributions (corporations only) - carry-over 2 years.

4. Foreign tax credit - Carry-over 5 years.

The suggestion is made here that the carry-back-carry-over theory may have another significant application:

Medical expenses may logically be assumed to be higher in old-age groups. Several allowances have been made by the Federal Government in compensating for these higher expenses. These were discussed earlier in this paper. Undoubtedly many aged persons are faced with medical care costs equal to or in excess of taxable income. For instance, an individual over 65 with $3000 taxable income before deduction of medical expense aggregating $5000 will obviously pay no tax. However, a $2000 deduction is lost for all time insofar as medical expense is concerned. Would it not be equitable to allow this excess as a deduction in a prior or subsequent year, via a carry-back-carry-over provision? It appears to be an item worthy of consideration. One practical problem is present, however. If in a year to which a carry-back is taken the taxpayer had used the optional standard deduction and if the medical expense carry-back is in excess of 10 per cent of adjusted gross income for the prior year (not to exceed $1000 on a joint return; $500 on a separate return) many taxpayers would probably lose some of the benefits of itemized deductions due to failure to maintain adequate records.

An alternate solution to the present nonavailability of medical expenses in excess of taxable income may lie in establishing in younger years a "depletion allowance."

The depletion allowance as applied to natural resources, is a recognition of the diminution in value resulting from the exhaustion of the natural resource through current operations.

If it can be established by competent medical authority that illness in later years is attributable in part to the physical and mental demands of earlier years, a reasonable formula could be derived which would spread anticipated health costs over several years. An allowance for anticipated health costs would best suit its purpose as an addition to medical expenses paid; to deduct actual expense in lieu of the allowance would eliminate present recognition of "depletion" as a measure of impairment.

This proposal is decidedly one of long-range significance and involves the cooperation of both medical and financial experts. If gradual impairment is determined to exist, it will be necessary to obtain adequate mortality tables (the existing regulations contain some in use for other purposes). Through statistical techniques an average cost for medical care of persons over 65 must be obtained, in part from administrators of health insurance programs. The average expense must then be spread over the estimated remaining life of the individual beginning with the

first year under which an individual may irrevocably elect to begin deducting this item as an additional medical expense.

This deduction, once elected, should be considered as applicable to all subsequent years. The optional standard deduction should not serve to suspend the election. Those years to which the optional standard deduction apply should be considered as containing the determined amount previously elected.

The advantage in spreading these estimated medical costs is, of course, to enable the taxpayer to provide through immediate tax savings sufficient means to obtain adequate medical care in later years. To effectually administer the plan, some funding requirement by the taxpayer should be mandatory. After the taxpayer has attained 65, any medical expenses incurred would be nondeductible until they exceed the specific deduction allowed in prior years.

The Committee on Taxation hopes that its discussion of the problems peculiar to the retired individual will be of aid to the Governors' Committee in its study of the problems of the aged. In addition to the proposals included herein, several varying viewpoints may be observed in studying the TAX REVISION COMPENDIUM submitted to the Committee on Ways and Means of the U. S. House of Representatives, Hon. Wilbur D. Mills, Chairman. The Compendium is devoted to hearings (begun November 16, 1959) on broadening the Federal tax base and contains specific papers on the taxation of the aged.[13]

13 Volume 1, p.539-578, U. S. Government Printing Office, 1959

The Committee on Taxation of the Pennsylvania Institute of Certified Public Accountants shall be pleased to further assist in any possible manner in developing adequate tax laws designed to properly ease the tax burden of those aged persons who are presently denied equitable treatment.

PERSONAL COUNSELING NEEDS OF OLDER PERSONS*

*Prepared by a Special Committee of the Philadelphia Chapter of the National Association Social Workers.

PERSONAL COUNSELING NEEDS OF OLDER PERSONS

Our democratic society is based on the concept of the value of the individual, and of the rights and responsibilities of each human being throughout his life span. Different cultures relate differently to the life cycle; some treasure their children most, some the years of greatest productivity, some few - like the Chinese - venerate their aged. Professional social workers in the United States see this life cycle as a whole and know that each phase has its own problems and satisfactions. One of the important parts of being truly alive means to respond to the specific conditions and requirements of each phase with the necessary flexibility. It is our task, as social workers, to relate appropriately and sensitively to human beings in need of support, no matter what their age.

The actual increase of our aged population, and the additional increase predicted for the decade to come, underline the necessity of giving greater attention to this aging group. Aged people are complete human beings who have all the emotions and needs of that of any other group with the additional factor of age. As social workers, we know that older persons are individuals in their own right and that their needs are as diversified as those of any other group. But more important than anything else, we know how desperately they want to feel important and to be wanted and needed. Above all, they want to be loved and not necessarily cared for but cared about. We know that

as debilitating as are the numerous chronic illnesses that may beset the older person, the atrophy of hope, of not being productive, is the more painful reality to bear.

In a society geared to productivity and usefulness in a material sense, the aged person has been looked upon as useless, dependent and unproductive, and, therefore, he no longer feels himself to be an important member of this society. He has been seen as having limited capacity for new experiences, change and response to services that might have been developed and offered him. Many times older people who have tried to transcend this concept, have met with rejection and intolerance, and thus were discouraged in their efforts to remain active and self-respecting. We know that aging differs with each individual and does not proceed according to one's chronological years. A person at 45 can be old, but one at 80 can be spry and productive. We need only look at such persons as Baruch, Churchill, Hoover, Ben Gurion - the leadership of our own and foreign countries - to appreciate the creativity and the wisdom of some of our elders, to understand that the gifts of mind and imagination do not necessarily vanish with age.

When given the opportunity, many older persons have demonstrated their ability to be useful and productive and have shown their capacities and strengths. For example, during the years of the Second World War and post war years, when this country had to use all available manpower and skill, the older citizen was called upon to give the benefit of his energy, experience, and maturity to the community. At the same time, medical research progressed to a point where a new understanding

of the aging process resulted in an increase of the average life expectancy of our population.

Professional social workers were among the first to be impressed with the older citizens' demonstration of strength and stability and to listen to their pleas for consideration and help. It became obvious that the older person, just like a younger one, can respond to opportunities offered to him by life. Similarly, he can reach out to the services of social agencies and use them helpfully, using the services that exist in the community, as well as his own inner strengths and resources for a more satisfying life. For a long time, the community's chief way of helping the older person was through "bricks and mortar." "Build more institutions to care for the aged" was the goal and money was raised to support the development of such facilities as homes for the aged, nursing homes, etc. Professional social work went a step further. Recognizing that institutions were important but were not the answer to all the needs of the aged, we began to give some thought concerning how we could help older persons to continue to live in the community with dignity and self-respect. Representatives of the various helping professions, such as doctors, nurses, clergy, educators psychiatrists and social workers began to think and act together in the interest of the older persons. New services were devised and developed and already existing services were revamped and extended.

Not only were new services devised and developed, but attention was given to the skills required of the professional social worker to help the older person use these services for his own benefit and as

fully as possible. All these services required the kind of understanding of the individual person and his problem which is the very essence of the casework method. The goal of casework with the older person does not differ essentially from that with the other age groups, for casework in all instances aims to help troubled persons regain confidence in their ability to carry on. This means helping persons to use all available resources, within themselves and those provided for them in the community. A basic need of this group, like any other, is economic security and decent living conditions. Frequently, concrete services, when offered with sensitivity to the individual, answer this important basic need. In administering any of these services, it is important to utilize whatever strengths the older person has, and to take into account what he wishes for himself. This is where counseling becomes a most important service, not only in considering what exists in the community as a possible resource, but also what exists in the older person himself, his interests, desires, wants and strengths - that will enable him to use helpfully, or reject and discard, the services available to him. As social workers, we know that the older person often needs help in making adaptations, in making his own wants and needs known and in making decisions. He also may need help in knowing what are the resources open to him, in gaining confidence that he can do something to improve his situation, in giving him the opportunity to plan for himself, or in accepting the limitations that exist. The older person does not wish to be "ordered or pampered," but treated as an individual in his own right, with dignity and self-respect. This is the objective of counseling either per se or as an ingredient of a

meaningly offered concrete service.

Each person has his own unique way of wanting and using help. His capacities, interests, aspirations, as well as his limitations in terms of physical, intellectual, and emotional strength must be evaluated as part of the understanding of the individual and his specific problems and needs. In addition,to this, there must be real appreciation of a person's cultural background, his traditional values and family relationships. This kind of understanding and its application may in many instances enable the older person to function at maximum capacity, however limited it might be. This expectation of involvement of the older person in his own planning within his capacity is in contrast to the formerly prevailing acceptance of a pattern of dependency, emotional deprivation and social deterioration which in the past were so often the lot of the elderly person. Some dependency on the part of the aged person is, of course, inherent in the situation. Instead of being responsible for his children, as was the case in his younger years, he may need to become dependent on them, now adults in their best years. This dependency may be an economic and/or an emotional one, thereby creating problems in relationships, such as between parent and his adult children. Unless this conflict is dealth with, the older person can become isolated in spirit whether or not the parent is living with his adult child, or children. Sometimes it is the older person who needs support in coping with his unwanted dependency, sometimes the younger generation needs help with a responsibility not always easy to carry. Protective services for the aged require the

utmost of counseling skill to enable the adult children, relative, or interested friend to plan helpfully and responsibly, and with a minimum of guilt, for the older person who can no longer plan for himself and who is in need of protective or custodial care. In all situations, the counseling service attempts to enable the older person and those involved in his welfare to seek the best solution for their mutual problems.

Casework counseling with older persons requires a high level of skill which can be acquired only on the basis of professional education. Unless there is this high quality of professional competence, the consequence will be continued dependency and deterioration for those who have difficulty in their adaptation or adjustment. There is a keenly felt lack of trained personnel in all areas of social work, but particularly in the field of the aged. One of the purposes of the White House Conference on the Aging is to stir up interest and concern in the aged to develop appropiate programs for them. This, then, calls for community support of educational programs for the training of adequate personnel, without whom the development of adequate agency programs is impossible.

The caseworker who is engaged in working with older persons needs something which transcends the general training. The caseworker often has to go through a process of adaptation to the entire concept of old age - first viewing it intellectually, then feeling the impact of her own personal pains and fears and then, hopefully, coming to an acceptance of it in a truly positive way. In addition, the case-

worker working with older people must have the kind of maturity which allows him to look at life in its wholeness, including illness and death. He further needs the kind of patience that will tolerate the older person's possible slowness, repetitiveness, and general relatedness to the past. In summary, he needs to accept the fact that old age is a continuum of life - an inevitable process - another phase in living, just as is childhood and adolescence - a natural part of the life process with whatever pain and beauty is inherent in that which ripens and matures.

Older people have been quite vocal in making known their own needs, hopes and desires. What they say must be treated with respect and we must accord them dignity they deserve. One of their main wishes is not to be segregated, but to remain within life's main stream as an integral part of the community. The aged can show the young how to grow old with dignity and serenity, provided that the young do their share in creating a climate of acceptance and regard. This is not an easy process, since there is stress and strain involved in aging per se. This condition is aggravated by the limited role our present society spells out for the aging person. As social workers, we share the responsibility for helping to modify the general climate regarding the aged, as well as to increase opportunities and resources for them. We know through our professional and personal experience that not only activity but real creativity is possible as long as there is self-directed life. We - the community of which the social worker is a part - must provide the milieu in which such activity and such creativity can thrive, flourish and survive. Towards this end,

counseling services must be extended and improved to enable the older person to live out his remaining years with satisfaction and sustained interest in life.

Benjamin R. Sprafkin, Chairman
Harriet Bury
Ruth Cohen
Gertrude Einstein
Marion Lantz
Mary Poole
Milo Upjohn

PUBLIC HOUSING FOR THE AGED*

*Prepared by the Pennsylvania Association of Housing and Redevelopment Authorities.

PUBLIC HOUSING FOR THE AGED

Since the beginning of its program, low rent public housing has been a primary resource of decent, safe and sanitary housing for all low income families including the elderly.

The Housing Act of 1956 amended existing regulations permitting single persons 65 or over into public housing with priority and liberalizing cost allowances for housing designed for the elderly. This act stimulated public planning and building programs designed for our senior citizens. Pennsylvania, ranking fifth in the nation, generally, and Philadelphia specifically, is in the vanguard in designing and building houses for the elderly, based on the liberalized Housing Act of 1956. Through community collaboration, auxiliary health, recreation and rehabilitative services have been programmed into a comprehensive objective of maximum facilities and services for those of "golden" years. All that has been done to date, however, is just a beginning towards meeting the housing needs and other services for the fastest growing age group in the nation.

PENNSYLVANIA HOUSING PROJECTS FOR THE ELDERLY

There are a total of 930 units exclusively for the aged, provided by housing authorities in Pennsylvania. These are primarily one bedroom units. The allocations are:

Bethlehem	45
Brownsville	20
Connellsville	30
Easton	40
Philadelphia	233
Pittsburgh	460
Reading	102
TOTAL:	930

Seven housing authorities in Pennsylvania are planning an additional 1000 dwelling units designed exclusively for the elderly single person. New design planning includes non-skid floors, non-locking bathrooms, wider doors and other "built-in" safety measures as far as funds can be stretched to provide.

There are a number of elderly heads of families (65 or over) living in larger units of two, three, four and five bedrooms. Statistics show approximately 16% of all low rent housing units in 23 housing authorities in Pennsylvania as of November 1959, are occupied by elderly heads of households. Of these, 2787 were couples, and 1575 single elderly. Currently, the elderly live in row-type and hi-rise buildings and are integrated into the normal project population. Some of the new low-rent housing, designed for the elderly, have blocks of units so located that the elderly are a part of the "scene", but are free of other units housing the larger families, and away from play areas. These units are located on lower floors or in apartment buildings easily accessible to elevators. Such arrangements allow for "privacy" and easy movement in and out of units without "isolation."

AUXILIARY SERVICES

Generally, the elderly feel isolated, useless, unproductive and insecure. Infirmary or other types of medical care has been found to be a necessity for about 10% of the total aged population; 5% require hospitalization. Public housing services are geared to the 85% of the elderly, who are well and ambulatory. Philadelphia has set aside a room equipped with TV (donated), chairs, books and tables for quiet games for its senior citizens, in one of its Project Community Buildings; this room is open daily for the elderly in and nearby the Project Community. The intent in establishing this room is to set up an action demonstration in services for the aged. Other senior citizen activities are planned by Philadelphia and other authorities

SUCH AS TRIPS, BIRTHDAY AND SPECIAL OCCASION PARTIES, DINNERS, MEETINGS, ARTS, CRAFTS AND HOBBY CLASSES, HOBBY SHOWS, HEALTH TALKS BY DOCTORS OR OTHER MEDICAL PERSONNEL ON COMMON MEDICAL ILLNESSES AND SIMPLE HOME REMEDIES ARE GIVEN. MENTAL HEALTH SPECIALISTS TRY TO IMPROVE THE ATTITUDES OF THE AGING ABOUT THIS NORMAL LIFE PROCESS SO THAT IT CAN BE LIVED MORE COMPLETELY AND MORE HAPPILY.

PERIODIC HEALTH CHECK-UPS ARE ENCOURAGED BY MANAGEMENT STAFF AND SAFETY MEASURES ARE TAUGHT BY STAFF AND LOCAL EXPERTS IN THE AREA OF SAFETY.

COMMUNITY SERVICES PROVIDE MEDICAL AND PSYCHIATRIC CARE, "MEALS ON WHEELS", CAMPS FOR THE ELDERLY AND OTHER SERVICES. THERE ARE CLOSE WORKING RELATIONS ESTABLISHED BETWEEN COMMUNITY RESOURCES AND LOW RENT HOUSING PERSONNEL WORKING DIRECTLY WITH THE AGED.

THE BUREAU OF CENSUS, NATIONAL HOUSING INVENTORY, 1956, AS REPORTED BY THE PHILADELPHIA HOUSING ASSOCIATION STATES THAT 17.2% OF ALL HEADS OF DWELLING UNITS IN 1956 WERE 65 OR OVER IN PHILADELPHIA. 37.2% OF ALL HEADS OF HOUSEHOLDS 65 OR OVER OCCUPY SUB-STANDARD HOUSING. IT HAS BEEN FURTHER POINTED OUT THAT THE MEDIAN INCOME OF ELDERLY HEADS OF HOUSEHOLDS WAS $3,124.00 IN 1958, AS COMPARED WITH $5,469.00 AS A NATIONAL AVERAGE. IN THIS SAME YEAR, A NUMBER OF THE ELDERLY WERE RECEIVING SOME TYPE OF PENSION, DISABILITY INSURANCE OR OTHER LOW-LIMITED FIXED INCOME.

NEEDS

WITH THE RAPID GROWTH OF THE ELDERLY POPULATION ON LIMITED MEANS, LOW RENT PUBLIC HOUSING WILL BECOME MORE AND MORE A MAJOR SOURCE OF DECENT HOUSING FOR THIS GROUP. WITH THE ELDERLY ALREADY OCCUPYING ABOUT 16% OF PUBLIC HOUSING IN PENNSYLVANIA AND THE GROWING NEED FOR MORE DWELLINGS, IT BECOMES CLEAR THAT NATIONAL EFFORT MUST SUPPORT BUILDING PROGRAMS FOR THE ELDERLY AS WELL AS FOR OTHER FAMILIES, LARGE AND SMALL. THE YOUNG MARRIED COUPLES REQUIRING ONE BEDROOM, FIND FEWER UNITS AVAILABLE AS THE ELDERLY EXERCISE THEIR PRIORITY RIGHTS TO THESE UNITS. SERVICES ARE NEEDED IN HEALTH AND RESOURCE MAINTENANCE TO INSURE FULLER LIVES FOR THE ELDERLY.

RECOMMENDATION TO IMPLEMENT SERVICES FOR THE ELDERLY

1. Increased Federal participation is needed if objectives are to be accomplished. Therefore, further liberalization at the Federal level of regulations and funds are mandatory. Such liberalization will permit the building of units for the elderly with adequate living space (400 sq. ft. per person is a recommended minimum), and safety features such as electric stoves, telephone services, grab bars in bathrooms, non-skid floors, wider doors, ramps, etc.

2. Increased specialized services are needed if the elderly are to maintain their independence and husband their waining skills, as well as physical and emotional strength. A comprehensive program of specialized services require the appropriation of both public and private funds, careful coordination and planning. Services should essentially be provided by community health and welfare services. Specialized housing authority personnel are needed to identify needs of tenants in housing and coordinate such needs with community programs. Some of the specialized services needed are:

(a) wider medical services coverage and the establishment of medical service centers easily accessible to the older person. These centers should include dental, medical and psychiatric services.

(b) vocational services geared to the older person's physical strength and needs to help maintain skills and possibly learn new ones wherein some income might be earned to supplement dwindling resources and fixed incomes.

(c) extended recreational services providing day and weekly camps, arts and crafts, social dancing and other recreational outlets.

(d) more counselling services for the elderly and youth, to

HELP EACH TO ACHIEVE BETTER LIVING TOGETHER AND SEPARATELY. THIS SERVICE MIGHT INCLUDE DEVELOPMENT OF "FRIENDLY" VISITING GROUPS AND THE ORGANIZATION OF THE ELDERLY INTO MUTUAL HELPING GROUPS. HOMEMAKERS "MEALS ON WHEELS" AND OTHER HEALTH AND STRENGTH PRESERVING SERVICES SHOULD BE A PART OF COUNSELLING SERVICES.

(E) ESTABLISHMENT OF A CENTRAL GERIATRICS SERVICE, TO COORDINATE EFFORTS FOR THE ELDERLY IN HOME PURCHASING AND OTHER COMPLICATED MATTERS; FOR RESEARCH, PUBLIC RELATIONS AND OTHER PURPOSES, ARE IMPORTANT ADDITIONAL NEEDS.

(F) ENCOURAGEMENT TOWARDS THE MAINTENANCE OF FAMILY, CHURCH AND OTHER TIES. TOO OFTEN, THE ELDERLY LIVE AND DIE ALONE, UNNOTICED. IF TIES WITH THE OUTSIDE WORLD CAN BE MAINTAINED, UNWARRANTED DEPRIVATION CAN BE AVOIDED.

PROBLEMS OF THE AGED BLIND*

*Prepared by the Office for the Blind, Pennsylvania Department of Public Welfare

Little definitive and valid material is available on the problem of the aged blind person. No census activity nationally has been undertaken since 1930 and recent national health surveys indicate that the previous concept of numbers of blind persons per thousand of the population may be erroneous. In addition, the incidence of visual disability not resulting in total or legal blindness, is also on the increase per thousand of the population.

Each state is concerned with the needs of the older blind person and these needs and the problems resulting from these needs are of primary concern in rehabilitation programs, remedial eye care programs, home teaching programs, and other social casework programs operated by state agencies as well as by private agencies for the blind. If we accept the generally established figure of 380,000 to 400,000 blind individuals presently living in the United States, there is every indication that from 175,000 to 200,000 of these are receiving some form of public assistance and that of these a vast majority are over the age of sixty-five. Thus it becomes evident that housing, recreation, medical care and similar needs are pressing problems with this segment of the general aging population.

In 1957, the state of California did a definitive study on the blind receiving some form of public assistance and it would appear that these findings are significant and may point out parallels in states of comparable population groupings.

Age Group	Number of Persons	Percentage
50 to 59	1,292	10.9%
60 to 69	2,309	19.4%
70 to 79	3,250	27.3%
80 to 89	2,648	22.3%
90 and over	699	5.9%

From these California statistics, it is obvious that each state agency affording services to the blind must be prepared to deal with a series of difficult problems in the upper age brackets.

In Pennsylvania, the following steps have been taken and implemented to meet at least a part of the challenge posed by geriatrics in blindness. Under the terms of the Vocational Rehabilitation Program, and particularly the E. and I. Sections, we have undertaken to expand nine private workshops to afford greater opportunity for training and for terminal employment as well as competitive employment for all categories of blind persons. But it is interesting to note that of those who are securing terminal employment in this program expansion, the older age group is finding a method of earning income commensurate with their ability to produce. This in a protected situation would take into consideration not only their blindness and perhaps other physical disabilities, but their age as well.

The Office for the Blind has also inaugurated one research program with Franklin Institute of Philadelphia to develop products and techniques which have a continuing marketability and which can be done by a blind person in his or her home. As a result of this project, archery equipment, particularly the manufacture of arrows, is now in process, and the field testing is virtually completed. Thus, when we have the accumulated knowledge of both laboratory and field testing experience, we will be in a position to offer the older blind person who may find it necessary to remain at home an opportunity to produce and to secure an income to either supplement an existing grant, or to eliminate the need for such a grant, depending upon the number of hours the individual is capable of working during the course of a week.

Over and above these moves, the state agency continues to develop employment for any individual irrespective of age if his or her physical and

mental capacities are such that an employer will accept them in his organization.

In the area of remedial eye care, we are furnishing services to the older person commensurate with the availability of funds. However, one important aspect of this type of program cannot be under estimated, namely, that through remedial eye care it is possible to conserve or to restore sight earlier in life, thus eliminating or preventing the condition of blindness after the age of sixty-five. It therefore would appear to be a sound investment in prevention, thus reducing or possibly controlling over the age of sixty-five with a dual disability of blindness and age.

In the home teaching program for the adult blind, we find that this service frequently makes it possible for an older person who has become widowed to carry on household chores and in some instances, other family responsibilities without resorting to the employment of sighted assistants. When possible, this is done under the Vocational Rehabilitation Program, otherwise it is provided as a part of the home teaching service. For example: a woman who becomes blinded late in life and who has been an avid artist in knitting or crocheting, can continue to do so without sight under instruction from a home teacher. Similarly, she can be taught to cook, maintain the house, market, label cans, boxes, etc., even though it is impossible for this type of individual to learn Braille as a device to facilitate such identification processes.

Finally, two points must be made relative to the state program for the blind:

1. We continue to be concerned in respect to the housing which the older blind people must accept because of limited or reduced incomes resulting from public assistance grants. Frequently this housing is worse than mere blighted area

housing and is made doubly difficult because public housing authorities have a tendency to refuse admission to blind people on the theory that they are incapable of keeping house, etc.

2. The agency is concerned with the development of its staff, knowledge and ability to assist the older blind persons in coping with the dual problems of age and blindness. Work and research in this area is needed badly since blindness tends to exclude from golden age groups and similar organizations individuals who might otherwise participate on an active basis.

Again in searching out information from the American Foundation for the Blind, the National Federation of the Blind and the Pennsylvania Federation of the Blind, we find that these sources have been unable to establish a clear and definitive picture in respect to the aging blind population of the United States.

Attached herewith is a letter written by Milton D. Graham, Director of the Bureau of Research and Statistics for the American Foundation for the Blind, which provides some basic information pertinent to the problem.

ATTACHMENT "A"

Dear Senator McNamara: In reply to your letter of April 10 requesting information on the aged, the following information concerning the aged blind is submitted.

In general, there are very little reliable data on the aged blind. At the Federal level, the Bureau of the Census has not included blindness in the decennial census since 1930. The Bureau of Public Assistance has not conducted a thorough study of blind recipients since 1951. In their reports, the Bureau of Internal Revenue combines exemptions for age and blindness and the IBM coded cards list only the total number of exemptions. Beyond this, I know of no sources of Federal statistics on the aged blind.

Despite the lack of Federal statistics, it is generally accepted that somewhat more than half of the blind persons in the United States are over 65. (See the Statistical Bulletin of the Metropolitan Life Insurance Co. for October 1958.) This would amount to probably some 175,000 to 200,000 of the estimated 350,000 blind persons in the country as of 1958.

The special studies of two States suggest some implications that require attention. North Carolina estimates the number of blind in upper age groups as considerably higher than the national average:

Age	Number	Percent
45 to 64.....	2,735	23.65
65 and over.....	5,316	45.98
Total.....	8,051	69.63

Source: Biennial Report of the North Carolina State Commission for the Blind, July 1, 1954, through June 30, 1956.

This higher rate may be true in other states in which the thorough census procedures of North Carolina could well be instituted.

California estimates among its recipients for aid to the blind:

Age	Number	Percent
50 to 59	1,292	10.9
60 to 69	2,309	19.4
70 to 79	3,250	27.3
80 to 89	2,648	22.3
90 and over	699	5.9
Total	10,198	85.8

Source: State of California Department of Social Welfare, "Significant Facts About Aid to Needy Blind Recipients, February 1957."

This suggests that indigence, social isolation, and unmet medical and recreational needs must exist in large numbers among the aged blind.

One other significant factor needs to be taken into account when the numbers of aged blind are considered: the general aging of our population will increase the proportion of persons who become blind if preventive measures are not taken now. The Statistical Bulletin of the Metropolitan Life Insurance Company states a widely accepted fact:

The aged distribution of the blind population reflects the fact that the most frequent causes of blindness very generally have their onset in middle and later life.

To this fact should be added from HEW's Trends, 1959 edition, the estimates of the growth of the U.S. population aged 45 to 64 and over 65:

	Population in Millions	
	45 to 64	65 and over
1958	35.2	15.0
1965	39.2	17.6
1970	42.3	19.5
1975	43.9	21.9
1980	43.0	24.5

If present conditions prevail, a marked increase of blindness can be expected, according to the above estimates. To prevent this happening, two courses appear essential: (1) a medical campaign of prevention needs to be undertaken (see April 1959 report, "Use of Health Services by the Aged," of the Health Information Foundation) and (2) a social action program needs to be instituted that will a) define more clearly the role of the opthalmologist and the patient (see enclosure, "The Role of the Opthalmologist in the Rehabilitation of Blind Patients," AFB, 1959); b) promote the wider acceptance of optical aids and surgery; and c) define the need for more comprehensive rehabilitation services (see enclosure, "Rehabilitation of the Blind Geriatric Patient," by C.W. Bledsoe, from Geriatrics, February 1958.)

Recommendations for a medical program are beyond the purview of our foundation.

As to social action programs, I recommend that much-needed research be undertaken first to point up the problems. No field within the competence of our foundation has had less research than that of the aged blind. I am enclosing for your information a bibliography of recent research on the social research program on the aged blind, I would be glad to furnish them on your request.

As to the specific questions posed by your letter, I have the following comments:

(1) The Federal Government certainly has a responsibility for setting standards and principles of services for the presently growing numbers of aged blind.

(2) The disproportionately large number of aged blind suggests very strongly that existing private and State agencies have not and will not meet the problems of the aged blind.

(3) The role of the Federal Government is not now adequate in meeting the problems of the aged blind; it certainly will not be adequate as the number of aged blind increases. There is need for action. (1) Medical programs of prevention can be undertaken under Federal supervision (the VA is planning a cooperative program against glaucoma, I am told); (2) standards of optical aids and optical aid centers can be rigorously enforced and services expanded (OVR and our foundation have made a valiant start in this direction, but more Federal aid is probably needed (see enclosure, AFB statement on optical aids and planning); (3) social research on factors inducing wider acceptance of surgery and optical aids among the aging is needed, the recommendations of such a study or studies need to be seriously considered for later social action programs; (4) standards and practices of rehabilitation training and services that meet the adjustment and reorganization needs of the recently blinded need to be established and regorously enforced. The aged blind must be afforded the security and the dignity that an unimpaired American citizen enjoys.

(4) Ideas that might be beneficial to the aged are included in other paragraphs.

(5) The Federal Government must accept the responsibility for calling management, labor, health, and educational groups into a cooperative attack on the problems of the aged and, from our point of view, particularly on the problems of the aged blind. At least 175,000 aged blind now exist with few or no services; if the present situation obtains, by 1980, we will have at least 300,000 aged blind in the same condition. Beyond this, one estimate is that at present 60 percent of all persons over 60 contract cataracts to some extent (see "Facts on the Major Killing and Crippling Diseases in the United States Today," National Health Education Committee, Inc. 1957).

The report, "Use of Health Services by the Aged," April 1959, also

POINTS UP TWO FACTS THAT SHOULD RECEIVE FEDERAL ATTENTION: (1) 90 PERCENT OF THE AGED WEAR EYEGLASSES, AND (2) 58 PERCENT OF THE TOTAL SAMPLE OF 1700 PERSONS "HAD SOME HEALTH COMPLAINT OR ILLNESS, YET FOR VARIOUS REASONS DID NOT SEEK TREATMENT." I SHOULD LIKE TO SUGGEST THAT IN THE CASE OF THE AGED BLIND EXPENSES INCURRED IN MEDICAL TREATMENT ARE A OONSIDERABLE DETERRENT TO PROPER CARE. ALSO RECREATION AND SOCIAL ACTIVITIES ALSO INVOLVE MORE EXPENSES THAN THE AGED BLIND ARE OFTEN ABLE TO INCUR. THE AMERICAN FOUNDATION FOR THE BLIND BELIEVES THAT THESE PROBLEMS SHOULD BE MET BY FEDERAL ACTION. THE CONDITIONS ABOVE MUST BE ALLEVIATED IF THE GROWING AGED POPULATION IS TO CONTRIBUTE ITS JUST SHARE TO THE NATIONAL WELFARE. THESE PROBLEMS MUST BE MET IF THE AGED ARE TO LEAD INDEPENDENT, PURPOSEFUL LIVES, ENJOYING THE SECURITY AND THE DIGNITY THEY DESERVE.

I HOPE THAT THE FRAGMENTARY NOTES WILL BE OF USE TO YOUR COMMITTEE. FURTHER, I HOPE THAT YOU WILL CALL ON US IN THE COURSE OF YOUR WORK IF FURTHER INFORMATION OR SUGGESTIONS THAT WE MIGHT MAKE COULD BE USEFUL.

MILTON D. GRAHAM, DIRECTOR

BUREAU OF RESEARCH AND STATISTICS

THE ABOVE LETTER WAS REPRINTED IN A COMPILATION OF RESPONSES TO A SURVEY BY THE SUBCOMMITTEE ON PROBLEMS OF THE AGED AND AGING OF THE COMMITTEE ON LABOR AND PUBLIC WELFARE OF THE UNITED STATES SENATE. (UNITED STATES GOVERNMENT PRINTING OFFICE, WASHINGTON, 1959)

1961 White House Conference on Aging

RECOMMENDATIONS
of the
COMMONWEALTH of PENNSYLVANIA
for
WHITE HOUSE CONFERENCE on AGING
1961

Document No. 5

OVERNOR'S WHITE HOUSE CONFERENCE COMMITTEE ON AGING
OOM 316, HEALTH & WELFARE BUILDING, HARRISBURG, PENNA.

GOVERNOR'S WHITE HOUSE COMMITTEE on AGING

Chairman - Mrs. Ruth Grigg Horting

Executive Committee

Chairman - Mr. Stanton Belfour

James A. Crabtree, M.D.
Mrs. Walter S. Church
Alfred C. Kraft, M.D.
Mr. Edward Haas
Miss Helen Hubbell
Mr. Harold M. Covert, Jr.
The Reverend Dr. Jesse D. Reber
Mrs. Albert H. Stackpole
Miss Cecile Kennedy
Mrs. Martha C. Forejt
Mr. Frederick R. Downs, Jr.
Mr. Lowell Wright
Mr. Henry Bossert, Jr.
Mr. John Chatley
Reverend Walter Harrison
Mrs. William J. Heydrick
Mr. Hobart Jackson
Dr. Stephen B. Sweeney

The Reverend Mr. William T. Swaim, Jr.

Chairmen of County Committees

Adams	Rev. Charles E. Held
Allegheny	Roger Clark
Armstrong	Miss Marianna Colonna
Beaver	Edward J. McClain, Esq.
Bedford	Mrs Alice S. Cawley
Berks	Rev. Paul E. Schmoyer
Blair	Rev. Luke H. Rhoads
Bradford	Col. John F. Beirne
Bucks	Dr. Joseph W. Still (resigned)
Butler	Dr. James Roney
Cambria	Hon. Ivan J. McKenrick
Cameron	Mrs. Ann Holden
Carbon	Wilbur Warner
Centre	Dr. Joseph Britton
Chester	Mrs. David W. Measuroll
Clarion	Mr. Daniel Filetti
Clearfield	Mrs. Ray C. Wilson
Clinton	Mrs. Robert Beckley
Columbia	Mr. Kenneth Roberts
Crawford	Hon. George X. Simonetta
Cumberland	Mrs. Albert Coons, Jr.
Dauphin	Mrs. Albert E. Gastrock
Delaware	Dr. Elkin Ravetz
Elk	Walter Sykes
Erie	Dr. James D. Weaver
Fayette	Mrs. Martha C. Forejt
Forest	Mrs. John Bray
Franklin	Mrs. Robert Wagner
Fulton	Rev. David Hoover
Greene	Miss Elizabeth Marlatt
Huntingdon	Frank M. Davis
Indiana	Mrs. Dale Harkcom
Jefferson	Mrs. Horace Carmalt
Juniata	Miss Rebecca Doty
Lackawanna	Mrs. T. Linus Hoben
Lancaster	Howard W. Sayles
Lawrence	Mrs. William Confer (resigned)
Lebanon	Dr. R. Dewey Shaak
Lehigh	Harold M. Covert, Jr.
Luzerne	William Cutten
Lycoming	Dale Furst, Esq.
McKean	Mrs. Jack Wolf
Mercer	Mrs. George L. Candler
Mifflin	Daniel Ziegler
Monroe	Ernest Wycoff
Montgomery	Mrs. Morris Gerber
Montour	William C. Hill
Northampton	Benjamin F. McMahon
Northumberland	John Shroyer (dec.)
Perry	Lt. Col. Edward Holman
Philadelphia	Charles Warner, Jr.
Pike	Mrs. Isabelle Kleinert
Potter	Richard Howe
Schuylkill	Dr. Joseph Paulosky
Snyder	Mrs. Woodrow Mattern
Somerset	Dr. Harold Musser
Sullivan	Wesley Thomas
Susquehanna	Mrs. Helen Lindgren
Tioga	Prof. Kimble Marvin
Union	Mabel Pluemacher
Venango	Mrs. Maxine Kleck
Warren	Mrs. David Potter
Washington	Dr. Edwin Grice
Wayne	Walter C. Hook
Westmoreland	John Haberlen (resigned)
Wyoming	John B. Henning, Sr.
York	Mrs. Wm. S. McClelland

Members-at-Large

Stephen L. Angell
Mrs. Clyde Bacher
Martha L. Bailey, M.D.
Howard Baker
Nathan Blumberg, M.D.
Earl Bohr
Edward L. Bortz, M.D.
Harry Boyer
Armand F. Boudreau
John H. Bream, Esq.
Rev William P. Bridy
Joseph F. Burke
Miss Wilda G. Camery
Mrs. Albert Coons, Jr.
Dr. James Creese
John DiEnno, Esq.
Mrs. Roy Engle
J. Grey Emmons, Jr.
Mrs. Lee M. Erdman
M. B. Ferderber, M.D.
Joseph T. Freeman, M.D.
Walter Fuller
Miss Nancy Gettman
Roy A. Goss
Mrs. Lt. Col. John Grace
Warren P. Griffith
Perry Hall (resigned)
Mrs. C. B. Hammond
Rev. Henry W. A. Hansan
Mrs. William Hargest
Rev. C. A. Holmquist
David M. Janavitz, Esq.
Mrs. Carleton N. Janes
Rabbi Nathan Kaber
Joseph T. Kelly
Mrs. Roslyn Burnat Kerber
Edward A. Kirk
Maurice Linden, M.D.
John D. Lindquist, M.D.
Benjamin Loewenstein
Fred McCready
Arthur G. McDowell
C. F. McNeil
Thomas Murray
Charles C. Perrin
Msgr. James Power
P. L. Prattis
Owen B. Rhoads, Esq.
Dr. Joseph H. Riley
Msgr. Thomas J. Rilley
Mrs. Louis Rasenbloom
Mrs. Bessie Kann Sack
Abrams Samuels (resigned)
Mrs. Lt. Col. Paul Seiler
Rev. Edgar F. Singer
Charles J. Sludden
E A. Van Steenwyck
Mrs Milton K. Susman
Stephen B. Teller
Hila Thompson
Jacob Tirjan, Jr
Alfred Tranza
Elmer Trapman
Arthur Waldman
Rev. Carl Williams
Mrs. Robert Williams
Randolph Wise
Thomas A. Zimmerman

*Note: Members of Executive Committee have been excluded from the list of Members-at-Large.

RECOMMENDATIONS

OF THE

COMMONWEALTH OF PENNSYLVANIA

FOR THE

WHITE HOUSE CONFERENCE ON AGING

1961

Edited and Arranged by Staff
of the Office for the Aging
Pennsylvania Department of Public Welfare

"We are dealing with one of the greatest social challenges in American history."

DAVID L. LAWRENCE
Governor

GOVERNOR'S WHITE HOUSE CONFERENCE COMMITTEE ON AGING

Room 316
Health and Welfare Bldg.
Harrisburg, Pa.

December 16, 1960

Dear Friend:

Attached herewith is a copy of the Recommendations of the Governor's White House Conference Committee on Aging, prepared in connection with Pennsylvania's activities concerned with the White House Conference on Aging being held in Washington, D.C., January 9-12, 1961.

This material is being sent to you because of your active interest in the field of aging. It has serious implications for public and private agencies, for labor, for industry, for religious organizations, service groups and, indeed, every individual citizen of our Commonwealth.

I urge you to review this document carefully and then determine what contribution you can make to activate these recommendations and bring better service to our aging citizens. The Recommendations represent the first step in a long and arduous process of focusing attention on the challenge of an aging population. These Recommendations reflect the concern and, we hope, the willingness of Pennsylvanians to move ahead in the field of aging.

Sincerely yours,

Ruth Grigg Horting

(Mrs.) Ruth Grigg Horting
Chairman

Attachment

TABLE OF CONTENTS

GOVERNOR'S WHITE HOUSE CONFERENCE COMMITTEE ON AGING

Room 316
Health and Welfare Bldg.
Harrisburg, Pa.

November 7, 1960

The Honorable Ruth Grigg Horting
Chairman
Governor's White House Conference
Committee on Aging
Health and Welfare Building
Harrisburg, Pennsylvania

Dear Mrs. Horting:

It is with a great deal of pleasure that I transmit to you the Final Recommendations of the Governor's White House Conference Committee on Aging. These recommendations are the culmination of months of effort by citizens throughout our great Commonwealth. Ultimately based upon the county reports, they are the result of the discussions and deliberations of the Governor's Conference on Aging, held on September 13 and 14. The reports and recommendations coming from that Conference were carefully reviewed by the Executive Committee of the Governor's White House Conference Committee on Aging and put in final form for transmission to the Department of Health, Education, and Welfare to be used in the White House Conference on Aging in Washington.

The scope and breadth of these recommendations is a testament to the concern that people in Pennsylvania have for their aging brothers. It is significant, too, that the charge to individuals, voluntary agencies, religious groups and service organizations is as great if not greater than the recommendations for governmental action.

I feel certain that these recommendations will serve as a basis for action at all levels in Pennsylvania for years to come, and the task to which we now address ourselves is that of assuring their implementation.

Sincerely yours,

Stanton Belfour
Chairman
Executive Committee
Governor's White House Conference
Committee on Aging

GOVERNOR'S WHITE HOUSE CONFERENCE COMMITTEE ON AGING

Room 316
Health and Welfare Bldg.
Harrisburg, Pa.

November 7, 1960

The Honorable David L. Lawrence
Governor of Pennsylvania
Harrisburg, Pennsylvania

Dear Governor Lawrence:

Your Committee on the White House Conference on Aging has labored long and hard. They have seen the organization of committees of Pennsylvania citizens in sixty-three of our sixty-seven counties. Thousands of people concerned with the problems of our senior citizens have gathered together in committee meetings, in open forums, or in county conferences to consider the problems of and resources for older people in our Commonwealth.

The recommendations developed in each of the sixty-three counties which submitted reports were reviewed by ten subcommittees which prepared reports for consideration by the Governor's Conference on Aging, which took place in September.

The Conference attracted over eight hundred persons from all over our Commonwealth to deliberate the reports for two days and develop the recommendations I am transmitting to you herewith. The recommendations were not prepared de novo by the Conference. They were directly related to the grass roots work done in the county committees. They represent not only Pennsylvania's position at the White House Conference on Aging to be held in January, but more important, they represent the conscience and concern of Pennsylvania's citizenry for its older citizens in need and distress.

I think it is significant that the Governor's Conference on Aging saw fit to seriously consider and recommend programs which you outlined in preliminary fashion to them in your address of September 13. The recommendations have considerable significance for State government as well as voluntary and private organizations and families. The Conference made definite recommendations which urge action in areas you indicated were under preliminary consideration.

These were as follows:

1. Amendment of the Public Assistance laws to permit the granting of Public Assistance to needy aged persons receiving medical care in county institution district facilities.

2. Development of a grant-in-aid system designed to keep older people out of institutions and in their homes and communities as long as possible.

3. Substantial extension of counseling, placement and job development services offered through the State's Bureau of Employment Security.

4. A series of recommendations to improve hospital and medical insurance programs for the elderly.

5. A series of ten recommendations concerned with the prevention of disease.

6. A series of recommendations concerned with modification of the Old Age Survivors and Disability Insurance program, and particularly, a recommendation for a broad program of financing medical care through additional contributions to Social Security during the lifetime of each covered individual.

I would be remiss if I did not advise you of the splendid cooperation which the various Departments of the State government gave to this effort. The Department of Labor and Industry and the Department of Health devoted considerable field staff time to consulting with local committees. Our own Office for the Aging took major responsibility for organizational work and local consultation. The Office of Public Assistance, through its County Boards, provided local staff service to most of the county committees. In addition, representatives from the Department of Internal Affairs, the Department of Commerce and the Department of Public Instruction served on a special planning committee, as well as staffing some of the major subcommittees. Without this kind of cooperation it would have been impossible to accomplish the task.

Similarly, voluntary agencies gave freely of considerable blocks of time. The Pennsylvania Citizens Association offered three full time staff members to serve as consultants to local committees. Health and Welfare Councils throughout the State took major responsibility for consultant service in their own counties, and the Ridgway Area Psychiatric Center did the same in its own locale.

I want to advise you that the White House Conference activities have been a magnificent partnership effort of government and voluntary agencies.

I am impressed, as I know you will be, by the tremendous charge which has been issued to the Pennsylvania Committee. I believe that this series of recommendations is a blueprint for action by government at all levels, voluntary agencies, business and industry, religious groups and families throughout Pennsylvania. I hope that this report of recommendations will receive widespread distribution and that all those concerned will begin to undertake to do what they can in areas covered by this Report.

Sincerely yours,

Ruth Grigg Horting

(Mrs.) Ruth Grigg Horting
Chairman

I. Economics and Employment

The following recommendations are concerned with improvement in the Old Age and Survivors Disability Insurance program.

I. 1. Increase the minimum OASDI benefit from $33 to an amount adequate to maintain a minimum standard of living.

Note: Determination of the amount needed for an adequate minimum standard of living should be determined on the basis of an appropriate study by the Federal government.

I. 2. Allow widows the full rate benefit earned by the husband.

I. 3. Improve the financing of Social Security through one or both of the following methods:

a. Tax personal income from sources other than employment so as to afford broader insurance coverage generally, and better insurance coverage for those whose income is for the most part unearned (i.e., income from investments, rentals, etc.)

b. Increase the taxable income base beyond $4800.

The following recommendations are concerned with improvements in the Public Assistance programs.

I. 4. Increase Public Assistance allowances to provide an adequate decent standard of living.

Note: Public Assistance allowances for persons 65 and over are adequate for maintenance of basic items of food, clothing, shelter and fuel. They do not, however, allow for such essential needs of living as adequate property repairs, purchase or replacement of household equipment, or services that might help a person remain in his home.

Of greater importance is the fact that Public Assistance allowances for persons under 65 are wholly inadequate. In many instances allowances for Old Age Assistance are fifty per cent higher than those for general assistance.

Therefore, it is recommended that a major effort should be directed to gathering public support for bringing Public Assistance allowances for all age groups up to a standard to at least that now utilized for Old Age Assistance.

I. 5. Obtain legislation to remove the one year residence requirement for Public Assistance.

I. 6. Modify the legal requirement that children support their parents if financially able.

Note: There are adult children who while financially able to support their needy parents are sometimes unwilling to do so. Unless the parent is willing to bring suit in court, assistance is denied the parent. This has the effect in actual practice of having needy people remain in financial plight because of the unpleasant obligation of suing a child.

I. 7. Increase payments for nursing home care provided under Public Assistance.

Note: Current payments to approximately 4,000 persons in nursing home facilities average slightly over $4 per day.

I. 8. Institute an educational plan with service groups, churches, women's groups, etc., to establish Public Assistance as the right or entitlement of any needy individual, in order to reduce the stigma associated with the receipt of Public Assistance.

The following recommendation is concerned with local tax relief.

I. 9. Provide tax relief at the local level for persons with low income.

Note: Local authorities already have discretionary power to exonerate persons from paying local taxes. There are no broad uniform standards and the exercise of the discretion varies considerably. Any general exemption on the basis of need would undoubtedly require legislation.

The following recommendations are concerned with job placement services.

I. 10. Substantial extension of counseling, placement and job development services offered through the State's Bureau of Employment Security is recommended.

a. Educational and other techniques to convince employers of the value of older workers should be more highly developed.

b. Employer panels in which older workers are interviewed for possible job placement should be widely encouraged and developed.

c. Adult educational facilities and re-training facilities should be improved to afford greater opportunity through increasing skills. Adult education programs in the school systems should be encouraged to include this aspect in their schedule of training.

The following recommendations are concerned with pension programs and employment.

I. 11. The hiring of older workers (especially those in the 60 to 65 group) should be promoted through favorable tax consideration to employers to compensate for higher pension and insurance costs.

I. 12. A special study should be made to determine what techniques can be provided to gain some pension rights or equities for those workers who change jobs before obtaining a vested right or equity in a pension plan. This may include possible pension pools and the like.

I. 13. Present maximum earnings limitations on those receiving Social Security benefits and who are below the age of 72 should be substantially altered to permit individuals to have a comfortable income in retirement.

I. 14. Sheltered workshops should be developed for older workers to provide employment and jobs in keeping with physical capacities and to provide new training opportunities.

I. 15. Means should be explored to encourage development of special self-sustaining industries for employment of the aged.

I. 16. The Governor should designate an "Employ the Older Worker Week."

Financing Medical Care

I. 17. The individual income of the older person must be considered and they should be placed into three groups:

a. Those able to care entirely for themselves.

b. Those able to care for themselves but who are medically indigent.

c. Those who are totally indigent or who can only pay part of the cost of their ordinary daily maintenance.

I. 18. The following insurance or contributory sources of funds for financing of medical care should be studied:

a. Insurance, commercial or voluntary, should be non-cancellable because of age. Legislation such as recently passed in New York State to effect this should be enacted. Insurance plans, commercial or voluntary, for aged individuals though limited in their coverage, may be adequate for most purposes.

b. Catastrophic illness insurance should be made available regardless of age.

c. Health and welfare insurance from such groups as fraternal organizations, church groups, unions and industrial care programs should be implemented where necessary.

While financing may be possible through non-profit agencies such as voluntary health agencies, it will be necessary for many of these agencies to change their policy of service to provide direct care. Such financing, however, may not be constant, is apt to be expensive, and, as a consequence, cannot be relied upon as a continuing source of funds. Church groups may be a source of funds. However, their application may be limited. Medical care is also provided as free care in hospitals, clinics, and by medical and allied professions.

The following possible governmental sources of funds are recommended for consideration:

I. 19. Increased Federal subsidies to states for implementation of current programs and for expansion of such programs for medical care to include medically indigent, such as recently enacted amendments to the Social Security Act which gives additional money on a matching basis to states to provide medical care to old age assistance recipients and in addition to provide money to states for medical care for the medically indigent.

I. 20. A broad program of medical care should be financed through additional contributions to Social Security during the working lifetime of each covered individual and services made available as a <u>right</u> upon the cessation of employment. The individual, however, should have the option of providing for his medical care by continuation of private insurance or by use of personal resources if he desires.

I. 21. Enact legislation in Pennsylvania, changing current policy to permit purchase of service on a patient per day basis, rather than State aid grants to general hospitals.

I. 22. Enact legislation and provide funds to permit reimbursement of the actual cost of hospital care.

I. 23. Amend the Public Assistance Law to permit the granting of Public Assistance to needy aged persons receiving medical care in county institution district facilities.

Note: Amendment of the statutes would permit the State to receive Federal funds currently available to participate in such programs.

I. 24. Develop programs aimed at keeping persons out of institutions by grants in aid for establishment of more clinics designed particularly for the medically indigent older age groups, not only for treatment but for prevention as well, and to provide ancillary and nursing services as part of a well established home care program; and by establishing day care programs.

I. 25. The State should provide additional funds so that existing facilities for aged who are mentally ill can be improved and expanded to include services outside of mental institutions, such as boarding-out programs.

II. Health Care and Rehabilitation

Preventive Services

While there is clear recognition that the aged have serious health care problems, discussion of the development of facilities and programs is more appropriately geared to consideration of orientation of chronic disease rather than toward age alone.

II. 1. An inventory of existing facilities should be made by a competent agency, locally if available. This inventory should be related to current and past surveys of facilities.

II. 2. Optimum utilization of the existing facilities is essential and definite standards and controls must be set by administrators, health and welfare agencies, and local and State official agencies. Supervision and licensing must be part of the control system, particularly where third party payment is involved.

II. 3. Expansion of existing facilities and development of new facilities for both therapeutic and preventive services for the older age groups should be on a planned basis: local, regional, and statewide.

II. 4. The development of approved county health units should be continued to the end that improved public health services come into existence.

II. 5. Visiting nurse services should be expanded considerably for rural and outlying areas. These should be made available through public or voluntary sources.

II. 6. Programs for the maintenance of independent living should be encouraged and developed. These should include programs in the areas of organized home medical care, visiting nurse service, homemaker service, specialized therapy services, "loan closets," and meals-on-wheels.

II. 7. Financial aid for the training of nurses should be increased through government, labor, and industry support of subsidies and scholarships.

II. 8. The community should be advised what to expect to satisfy its needs, and the purveyor of service to people should know and meet the community's needs.

II. 9. Practitioners, specialists, operators, and service personnel who are involved in services to people should be trained to meet needs of the older citizen.

II. 10. The curriculum of professional, paramedical and technical training schools should be reviewed by the staffs of these institutions and by competent independent agencies to assure that care of the aged is properly covered.

Institutional Care

II. 11. It is recommended that adequate public financial aid be provided to nursing homes and homes for the aged to enable homes serving Public Assistance recipients to meet the standards of care set by government agencies.

II. 12. Federal funds should be provided through Public Assistance to improve standards of care in nursing homes and homes for the aged.

II. 13. Federal legislation should be enacted which would permit federal financial participation in public assistance payments made to eligible persons receiving care and treatment in mental hospitals.

II. 14. An adequately staffed consulting service for nursing homes and homes for the aged should be provided in the Department of Public Welfare, Office for the Aging.

II. 15. A demonstration program on improved nursing home care should be established by the Commonwealth of Pennsylvania with a mobile unit with medical and paramedical personnel available to work in nursing homes and train nursing home staffs.

II. 16. Home care programs should be developed in sufficient quality and quantity so that residents of Pennsylvania communities will be able to receive proper care in their home situations until and unless removal to an institutional setting is necessary.

II. 17. Institutional programs should include as part of their general system of services the following:

a. Improved direct care services in the areas of nursing and medical care.

b. Physical therapy as needed to promote self-care and restoration of function.

c. Occupational therapy.

d. Recreation and activities suitable to the needs and desires of the residents.

e. An organized program for friendly visitors.

II. 18. Schools of medicine, nursing, social work, recreation, physical and occupational therapy and practical nursing should include consideration of the geriatric patient in their curricula as an area requiring special study.

III. 6. Immediate enlargement and extension of tax supported services should be undertaken in the fields of home care services, protective services and prevention of dependency and emotional handicaps.

a. Funds should be provided to the Department of Public Welfare within the Office for the Aging for grants in aid to county authorities for demonstration programs on homemaker services, day care centers, counseling programs and similar social services designed to help older people remain in the community and avoid institutionalization as long as possible.

b. Funds should be provided to the Department of Public Welfare for the operation of a homemaker service with the Office of Public Assistance for Old Age Assistance recipients.

III. 7. Necessary legal changes should be made in guardianship provisions to permit more effective use of the device.

III. 8. Machinery for coordinated use of social service for the extension of community planning for the aged should be improved to strengthen community planning council, which may be often inadequately supported and staffed.

a. Each county should have a centrally coordinated information and referral service which would include services for its elderly. In most counties this may be combined with a similar service for other groups.

b. Agencies both public and private should move with determination toward the removal of any form of racial discrimination in the provision of services to the aged. Special attention is called to this matter with reference to homes for the aged and nursing homes.

III. 9. Professionally trained personnel in the many disciplines needed to serve the aged should make greater effort to develop teamwork and more effective use of their skills through cooperative service. Other helping professions such as medicine should be better informed about the social services and join social workers in a team approach in meeting the needs of the aged. In this connection, professional groups in the social work field must take responsibility for defining and delineating areas of cooperative effort with other professionals.

III. Social Services and Family Life

III. 1. It is recommended that stronger efforts be made to develop and extend existing voluntary and public services and facilities; that social workers increase their interest to make their skills known to those who need them and that those in need be encouraged to participate more fully, in existing programs. Particular reference is made to the following kinds of extensions of service.

a. Social service agencies should consider the development of adequate protective services through provision of guardians or trustees when required.

b. Special housing programs for the aged should include as a minimum essential along with shelter, food and clothing, proper social services and supports.

c. Institutions serving the aged, such as homes for the aged and nursing homes, should expand their programs to include social services and casework counseling as part of their basic system of services. Institutional placements should not be made without prior social casework review.

III. 2. Old Age Assistance grants to recipients in institutions for the aged should recognize the provision of social services in computing the allowances.

III. 3. Voluntary services and funds should receive equal attention with public services and funds in developing new resources for the aging.

a. Private social agencies should re-evaluate their programs in terms of providing for increased experimentation and demonstration. Because public agencies are limited in authority and responsibility to programs specifically defined by law, they are generally not free to initiate and test new ideas and approaches to meeting the needs of the aged. The pioneering efforts of private agencies need to be extended and intensified.

III. 4. The needy aged should be served before services for all aged are emphasized.

III. 5. The use of volunteers both in private direct services and in community planning should receive stronger emphasis. Agencies working with the aged and aging should actively seek out volunteers and provide proper training programs for them. Where possible and appropriate the use of social work case aides should be explored, particularly in the light of the extreme shortage of professionally trained personnel.

III. 6. Immediate enlargement and extension of tax supported services should be undertaken in the fields of home care services, protective services and prevention of dependency and emotional handicaps.

a. Funds should be provided to the Department of Public Welfare within the Office for the Aging for grants in aid to county authorities for demonstration programs on homemaker services, day care centers, counseling programs and similar social services designed to help older people remain in the community and avoid institutionalization as long as possible.

b. Funds should be provided to the Department of Public Welfare for the operation of a homemaker service with the Office of Public Assistance for Old Age Assistance recipients.

III. 7. Necessary legal changes should be made in guardianship provisions to permit more effective use of the device.

III. 8. Machinery for coordinated use of social service for the extension of community planning for the aged should be improved to strengthen community planning council, which may be often inadequately supported and staffed.

a. Each county should have a centrally coordinated information and referral service which would include services for its elderly. In most counties this may be combined with a similar service for other groups.

b. Agencies both public and private should move with determination toward the removal of any form of racial discrimination in the provision of services to the aged. Special attention is called to this matter with reference to homes for the aged and nursing homes.

III. 9. Professionally trained personnel in the many disciplines needed to serve the aged should make greater effort to develop teamwork and more effective use of their skills through cooperative service. Other helping professions such as medicine should be better informed about the social services and join social workers in a team approach in meeting the needs of the aged. In this connection, professional groups in the social work field must take responsibility for defining and delineating areas of cooperative effort with other professionals.

IV. Housing

Independent Living

IV. 1. Church, fraternal, labor and civic organizations, as well as private enterprise, either individually or collectively, should sponsor housing projects for the aged. Note: FHA insured mortgages or direct Federal loans are available as a major source of financing.

a. Congressional appropriations should be increased to meet whatever need is expressed, inasmuch as these funds are provided not as expenditures but loans to be repaid.

IV. 2. The Pennsylvania Housing Agency Law should be explored as a source of funds to provide housing for the elderly. Commonwealth credit should be used if possible to reduce interest rates on housing loans as contemplated in the law.

IV. 3. The Pennsylvania Housing Redevelopment Assistance Law should be reviewed and amended if necessary to be applicable to housing for the aged.

IV. 4. Low rent public housing programs should be expanded specifically to accommodate the aged with the objective of increasing the overall low rent housing suitable for the aged.

IV. 5. Housing developments programmed to accommodate a considerable number of aged persons should have available clinic facilities for medical and related services.

IV. 6. A program of modification and adaptation of housing for the aged should be considered along with other building programs of new construction for the aged where deemed appropriate.

IV. 7. Social service agencies should initiate or expand homemaker service and similar social services such as shopping and friendly visitor programs, to enable the aged to continue to maintain separate households as long as possible. Costs for such services should be weighed against the costs for institutional care.

IV. 8. Consideration should be given to waiver or reductions of local real estate taxes on housing provided for the aged, comparable to payments made in lieu of taxes by public housing developments.

IV. 9. Local groups should explore the development of cooperative housing programs as a means of providing middle aged men and women with the opportunity to buy and pay for their own retirement housing during their later working years and before their incomes are drastically reduced. Such groups should take advantage of available FHA finances.

IV. 10. Counties and larger urban communities should establish central referral services to provide information, counseling and guidance for the aged, and to assemble information relative to housing needs of the aged.

Group Living

IV. 11. Establish cnetral local agencies in each county or urban community to collect factual information concerning the need for group living arrangements and the types of services required. Existing community planning agencies should be used where available.

IV. 12. Fix responsibility at State and Federal levels to coordinate, evaluate and disseminate information on needs and services for group living arrangements collected at the local level.

IV. 13. Fix responsibility at State and local levels for providing technical assistance to local community agencies concerned with the development of programs in the area of group living.

IV. 14. Review existing local, State and Federal statutes relating to group housing with particular reference to provisions related to finance with the aim of fixing responsibility and facilitating procedures.

IV. 15. Fix responsibility at State and Federal levels for continuing active interest and supervision of the program of services for the aged.

Note: In Pennsylvania such responsibility has been placed upon the Department of Public Welfare in its Office for the Aging. At the Federal level, such responsibility has not yet been fixed.

V. Education for Maturity

V. 1. The general education of children and youth must take into consideration the need for developing healthy concepts about the process of aging and old age itself. The educational systems must take responsibility for aiding in the development of health attitudes toward the aged.

V. 2. A non-partisan, statewide citizens committee for adult education should be appointed by the Governor to give leadership and support to a program of continuing education in Pennsylvania.

V. 3. The Commonwealth of Pennsylvania should re-establish financial support for extension education to provide assistance to local school districts in the conduct of adult education program. Programs conducted by other community agencies and organizations should be continued as a supplement to basic courses provided by the school district.

V. 4. Community councils and committees should be created for the purpose of developing a well-balanced education program for all age groups and a better liaison between educational groups for adult education.

V. 5. The concept of adult education should be expanded to encompass an on-going educational service for adults in preparation for retirement, concerned with mental health, nutrition, housing and economic adjustment. Such programs should be closely related to and coordinated with social service, pre-retirement counseling programs.

V. 6. Library services and facilities for the older person should be expanded. While most libraries in Pennsylvania do not have sufficient resources for basic library services, it is urged that if library services are developed, special programs for older people be established.

V. 7. Additional in-service training courses should be established for adult volunteers and professional workers working with the aged.

V. 8. Daytime programs in adult education within the regular school system should be created and continued.

VI. Professional Personnel

Increasing the Numbers of Professional Personnel

There is an obvious shortage of personnel required in most of the care programs and areas of services for the aging and those shortages are likely to increase in the future.

VI. 1. As service needs become better defined, we should develop more precise information on the numbers and kinds of professional personnel needed to meet them.

VI. 2. Governmental, educational, and private groups should sponsor broad gauged programs designed to recruit by various means increasing numbers of personnel into this field.

VI. 3. In Pennsylvania the Office for the Aging, Department of Public Welfare, should assume leadership in promoting and coordinating recruitment programs in other agencies for personnel working with and in behalf of the aging.

VI. 4. Anticipatory recruitment efforts should seek to reach students as early as in high school.

VI. 5. Recruitment programs for personnel to serve the aged should be tied in with other National, State or local recruitment activities such as careers in nursing, careers in social work, and health careers.

VI. 6. Programs needing additional personnel should explore their local possibilities of utilizing full or part-time services of skilled persons in retirement.

Designing Program Structure to Achieve Maximum Utilization of Available Personnel.

VI. 7. Intensive experimental and demonstration projects should be established, designed expressly to explore and test our patterns and methods of structuring services and care programs for the aging as an integrated part of the total fabric of public and private social welfare and health services rather than as compartmentalized services.

Making Maximum Use of Present Personnel in Present Programs.

VI. 8. Present programs should make careful appraisal of the service needs of their clients and patients as a basis for determining the kind and degree of skills which will be required of personnel to meet those needs.

VI. 9. Use of specialists and highly trained personnel should be limited to those areas of need which absolutely cannot be otherwise met, and more flexible and imaginative use should be made of personnel with less than full professional training, and volunteers.

VI. 10. A variety of in-service training programs should be utilized for personnel with less than full professional education and for personnel without prior experience with the aged.

VI. 11. Programs for the aged should make full use of existing resources for developing job descriptions and classifications, standards of operations and personnel practices. Existing resources include professional organizations, local health and welfare councils, the Civil Service Commission, and the Office for the Aging, Department of Public Welfare.

Coordinating Education and Practice

VI. 12. Closer coordination should be developed between educational and training programs and objectives for professional personnel entering the health and social welfare fields on the one hand, and job requirements as seen by practitioners in those fields, on the other.

VII. Free Time

VII. 1. Multi-service centers for older adults should be developed in adequate facilities providing social services, educational programs, recreational activities, medical services, and counseling or referral services for employment.

a. These centers should be established at places convenient to their clientele and should operate at times convenient to the clientele.

b. Such centers should be directed by paid qualified staff.

c. Such facilities should be operated under voluntary city or township sponsorship.

d. Such facilities should be integrated or inter-related with facilities for other age groups to avoid complete segregation of older adults.

e. Such centers may be financed by participating in the two mill tax which local jurisdictions are permitted to levy for recreation purposes. Recreation for older adults has a legitimate claim on such funds.

VII. 2. A central volunteer bureau should be organized in each community or county so that older adults may register their skills and abilities for volunteer service, and agencies and organizations could register their needs.

VII. 3. Markets should be found and developed for the products of the skills of older adults. Opportunities for training and skill development should be established both for hobby activities and development of marketable products of these skills.

VII. 4. Cities, townships, boroughs, school districts and public recreation departments, as well as voluntary leisure time agencies, should include in their recreational programs a major share of professional leadership and budgeting for senior citizen activity, and make available additional facilities and, if possible, transportation arrangements.

VII. 5. Libraries and their mobile units should include more books, magazines and recordings for the aging with special emphasis upon services to the physically handicapped, the homebound and institutionalized older adults.

VII. 6. More senior citizens who are qualified should be encouraged to run for local political office.

VII. 7. Free hunting and fishing licenses should be granted by the State to all adults over 65.

VII. 8. It is recommended that the Office for the Aging, Department of Public Welfare, in cooperation with transportation services, public carriers, amusement and cultural centers, initiate a pilot study of ways and means of reducing fares and admission rates for older, needy people.

VIII. Religion

VIII. 1. Older persons themselves should continue to be helpful and participate in the religious community to the best of their ability through worship and service.

VIII. 2. Older persons should avail themselves of religious resources to help face loss of loved ones, poor health, death, limited finances.

VIII. 3. Families of older persons should accept the guidance of the church or synagogue in the sense of honor and responsibility for older persons. This includes privacy of person and thought and helping them by fostering their skills and abilities.

The following recommendations concern action by congregational or denominational groups:

VIII. 4. The "friendly visitor" program should be emphasized and expanded to members and non-members of the congregation.

VIII. 5. Aging members should be given the opportunity and encouragement to use their experience and knowledge in the activities of the congregation.

VIII. 6. Make available pertinent personal devotional materials such as prayer books with large print, talking books, writings in the native language of the older person, and "dial devotions" (a telephone recording.) The home department of the congregation can distribute this material and be of real personal service.

VIII. 7. A plan for transportation to worship and activities should be arranged by the congregation for those who could benefit from it.

VIII. 8. Provide for training of volunteers and families on the meaning of aging, how to use resources and how to help others in congregational and community settings.

VIII. 9. Regular provision should be made for offering spiritual help to older persons in county homes, all types of hospital, nursing homes and homes for the aged, on an individual basis as well as group worship for those unable to attend services in the community.

VIII. 10. There should be further development and strengthening of religious radio and television programs to better meet the needs of older people.

VIII. 11. There should be increased development of day centers (Drop-in-Centers) with facilities for reading, discussion groups, fellowship, study, recreation, warm meals and conversation in church buildings or another

community resource. This facility should be available to all older persons of the community.

VIII. 12. Information concerning available community and religious resources should be available through the clergy and lay people of the congregation.

VIII. 13. Provide casework services for older persons and their families through religious sponsorship as a community service.

VIII. 14. Develop an attitude of seeking to provide and willingness to support services to older persons in their own homes such as homemaker service, home nursing and warm meals.

VIII. 15. Lay people need to work with the clergyman in each congregation in order to encourage and serve with older members.

VIII. 16. Senior members should be integrated into existing groups and organizations rather than isolated in special programs of their own.

VIII. 17. Special aids in places of worship should be provided where possible. These could include ramps, hand grips, elevators, hearing aids and convenient toilet facilities.

VIII. 18. A plan within congregational or community settings could be worked out for sitters for invalids. This kind of volunteer service could enable a spouse, child and/or siblings to have occasional relief from 24-hour duty, to attend church services, do errands, go shopping or visit with friends.

VIII. 19. In certain situations, special groups may be needed by older people in some areas for fellowship and activity.

VIII. 20. Study on the topic of Aging should be made available to religious groups, and they should be encouraged to study the problems of older people both within their own groups and in cooperative effort.

VIII. 21. Visits between aging persons should be made possible by providing transportation when needed.

VIII. 22. The denominations should develop a literature program which would help people at an earlier age to prepare for their own old age and would help older people to understand and accept old age.

VIII. 23. The church should guide the family in its religious duty to honor the older person by encouraging maximum self-determination, by assuring privacy of person and thought and by fostering skills and abilities.

VIII. 24. The religious groups must more completely and effectively relate to and inspire other community, county, state and national agencies in the concern for older people. This implies a willingness to give financial support as well as personal involvement in development of the service and use of the resource when it is needed and becomes available.

VIII. 25. Both clergymen and qualified lay persons need to prepare themselves to counsel with and relate to older persons in helpful service.

VIII. 26. Congregations should plan and implement as soon as possible opportunities by which all ages can participate together in appropriate congregational activities.

VIII. 27. The attention of organized congregations should be called to the common fallacy that older persons are poor prospects for membership. The non-members may also have need of the spiritual resources of the religious group. The right of choice on the part of the individual must be honored but he needs to know that he is welcome and needed in the religious community.

VIII. 28. Further impetus should be given to an educational and recruitment program through the congregation on the need for trained social workers as well as other service professions.

. The following are recommendations for further study:

VIII. 29. The Bible, religious writings, religious commentaries, and cultural and ethnic groups which have been characterized by heavy religious influence, should be subjected to scholarly inquiry concerning the attitude expressed in these writings toward the aging, and effect the writings may have had on certain groups. An attempt should be made to discern what the attitudes as expressed in the religious literature is, how ithas or has not affected certain cultures, and how modern American communities can apply and transmit these values and attitudes to children and adults today.

VIII. 30. Congregational groups, ministerial associations, church bodies, councils of churches, and lay groups affiliated with religious organizations should arrange meetings, demonstrations, and conferences to discuss projects and experiences in work with the aging that have been successful, in order to share information as widely as possible. Consideration should be given to doing this on both a denominational and interfaith basis.

IX. Research

IX. 1. The Office for the Aging, Department of Public Welfare, should assess personnel needs for conducting research on aging and should actively promote the training of personnel to carry out such research.

IX. 2. Among other means to carry out this purpose, research grants and fellowship programs should be established in insfitutions within the State.

IX. 3. Institutions of higher learning, foundations, and public and private agencies should be encouraged to undertake and to sponsor more research with the aging in Pennsylvania.

IX. 4. Emphasis should be given to research on successful aging as well as problematic aging, since many aging persons live successfully in later years.The role that state programs dealing with the aging play in these matters should be continually evaluated.

X. Organization

Local Community Organization

X. 1. In all local communities and counties, planning and coordinating agencies should be established (where none now exist) with representation from public and voluntary agencies as well as interested organizations to assess local needs, plan services to meet these needs, prepare and disseminate information about sources and services available in the area and coordinate the efforts of various organizations and agencies now serving the older adult population.

X. 2. Leadership and funds should come from both public and private sources for both the direction and service required.

X. 3. Local groups should be fully representative of public and voluntary agencies and citizens organizations with active participation from older citizens; and with easy communication with State and National resources.

X. 4. Accent should be on the use of existing groups and agencies and more effective cooperation among present groups before new organizational structures are considered. New services are more needed than new agencies.

X. 5. Councils of representatives of older adult organizations and groups should be set up on a local and city-wide basis for the purpose of giving the participants in these programs a full voice in planning for the services they require.

State Organization

X. 6. There should be a strong administrative arrangement established within State government, to facilitate the coordination and integration of programs dealing with the aging.

X. 7. The Office for the Aging in the State Department of Public Welfare should be enabled to establish more regional offices in the State for the purpose of assisting in the development of new services for the aging and help to improve existing services.

Federal Organization

X. 8. The Federal Department of Health, Education, and Welfare should have an expanded budget for additional services for the aging.